An Enquiry into Psychotherapy Training.

Challenges to developing a generic foundation year and links to clinical practice training

A project submitted to Middlesex University in collaboration with Metanoia Institute in partial fulfilment of the requirement for the degree of Doctor in Psychotherapy by Professional studies

Candidate: Biljana van Rijn

National Centre for Work Based Learning Partnerships
Middlesex University
Metanoia Institute

Date of submission: 11/2/2005

ACKNOWLEDGEMENTS

This project would not be possible without the help and collaboration of the Metanoia Institute. I would like to thank everyone at Metanoia who took part in this project and offered their time, views and insights. Their commitment and their willingness to explore and debate the often controversial subjects this enquiry frequently raised, are a credit to the professionalism and creativity that contributes to the Institute's reputation as a valuable contributor to the profession of counselling and psychotherapy.

My particular appreciation goes to Professor Charlotte Sills, whose vision and courage are taking this enquiry further into the practice of psychotherapy training.

I also wish to thank my academic adviser, Dr. Nigel Copsey, Dr. Jenifer Elton Wilson, Dr. Kate Maguire and Professor Maria Gilbert who offered me support and inspiration on this journey

ABSTRACT

This document presents an action research enquiry into psychotherapy and counselling training within the context of a training institute.

The starting point for the enquiry were the apparent gaps that exist in clinical practice training. Recognising that the commonly used training structure in psychotherapy and counselling training, which separates clinical practice, formal teaching and supervision, often leads to practice and training disparity raising ethical concerns, I aimed to use the enquiry to enhance the effectiveness of clinical training.

I formulated two research questions:

- Could a more generic psychotherapy training in the foundation year serve as a better preparation for clinical practice?
- Would it be possible to develop an integrated structure between clinical practice, training and supervision?

These questions led to developing the project in two parts:

- An exploration of the feasibility of a generic foundation year, and
- The development of an internship component.

The methodology I used was action research, particularly relevant to this enquiry because of the focus on developing practical knowledge through involvement with an organisational system. Another aspect of the enquiry was internal consultancy. As well as being a researcher, I acted as a consultant for the organisation I worked for.

The organisational setting was the Metanoia Institute, a counselling and psychotherapy training institute based in London. The Metanoia Institute runs several courses in counselling and psychotherapy – Person Centred, Transactional Analysis, Gestalt and

Integrative – as well as a Doctoral programme in psychotherapy in collaboration with Middlesex University. Middlesex University validates the academic programme at the Metanoia Institute, which leads to BA and MSc awards in counselling and psychotherapy. The Institute also contains an internal clinical placement for students – Metanoia Counselling and Psychotherapy Service (MCPS), which I manage.

The Metanoia Institute sponsored the enquiry and acted as a principal collaborator throughout.

The project shows how the process of enquiry initiated a dynamic of organisational change, highlighting systemic issues and challenges to the development of psychotherapy training, particularly in relation to generic training. The implementation of the findings became possible through focusing on internship, which became the central area for development within the project. The final outcome of the research has been used to develop an extensive pilot project, entailing restructuring of the training programme in one of the academic departments.

As well as presenting the enquiry, this document discusses the theme of organisational change and suggests that it offers a lens through which issues of professional integration could be viewed from a systemic (organisational) perspective. Particular themes highlighted by the enquiry relate to:

- Issues of culture and identity related to allegiance to a particular theoretical orientation
- Factors related to the structure and funding of training organisations, and
- The role of clinical practice in the process of professional integration

NAVIGATIONAL HELP

This document presents the enquiry in six main chapters:

Chapter 1 - The context of the enquiry, the rationale and aims of the project.

Chapter 2 – Methodology: frames the enquiry within the field of action research and shows how the format of the enquiry evolved and changed through the process. It gives an overview of methodology and offers a reflection on the ethical issues considered.

Chapter 3 – The cycles of enquiry into the generic foundation year and an analysis of the process.

Chapter 4 – The cycles of enquiry related to the internship and analyses the process.

Chapter 5 – Proposals for developments in training and the ways in which decisions were reached about implementation. It shows how I used theories of organisational change to reflect on proposed changes and to explore links to the wider professional field. This chapter also presents the initial dissemination of the project.

Chapter 6 – Reflections on the wider themes emerging from the project, the impact of the enquiry and future developments.

Use of colours:

I have emphasised points of critical commentary and reflexivity during the enquiry in boxes highlighted in yellow 

Themes and summary points relating to each part of the enquiry are highlighted in different colours:

1) **Blue for the generic Foundation Year enquiry** 

2) **Orange for the Internship enquiry** 

3) **Green for the Implementation process** 

GLOSSARY OF TERMS

- **Action Research** "A participatory, democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes, grounded in a participatory worldview. It seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally flourishing of individual persons and their communities" (Reason and Bradbury, 2001, p. 1).
- **Action Science** – " A form of social practice which integrates both the production and use of knowledge for the purpose of promoting learning with and among individuals and systems whose work is characterised by uniqueness, uncertainty and instability" (Friedman, 2001, p. 159). Used particularly to refer to action research within organisational systems, where the researcher acts as a participant as well as the observer.
- **Apprenticeship** – 'On-the-job' training model. Emphasis is on practice and learning through direct observation and training. It does not always contain a separate element of academic teaching. This method is often used to offer trainees an experience of different organisations and enhance their job opportunities. It also offers and opportunity to organisations to select and train new staff to meet their own requirements.
- **BACP** – British Association for Counselling and Psychotherapy
- **CBT**– Cognitive Behavioural Therapy

- **Consultancy** – A process in which help is sought from a specialist to identify a way of dealing with problems and the planning and implementation of programmes in organisations.
- **CORE System** – Clinical Outcomes in Routine Evaluation. Used for evaluation of psychological therapies. Developed by the Mental Health Foundation and CORE System Group in the UK (1998).
- **Clinical Enquiry** – Synonymous with 'process consultancy'. Enquiry led by the client's need. The client can be an individual or organisation seeking help (Schein, 1995).
- **Clinical Placement** – A method of teaching clinical practice in counselling and psychotherapy training, additional to academic study and practice sessions within the formal training programme. Students gain clinical experience by working in organisations in a voluntary capacity.
- **External placement** – Students' work in clinical placements separate from their training institution. These placements could be in either the voluntary or statutory sectors. Their primary purpose is the provision of service to the public.
- **Internal placement** – Clinical placements within training institutions. These services usually have a dual role – service provision and training.
- **Internal Consultancy** – An enquiry employing a member of the organisation to conduct a consultancy project. Internal consultants usually fulfil a number of roles: practitioner, innovator, change agent and consultant (Wright, 1992, cited in Berragen, 1995).
- **Internship** – a structured period of training consisting of well-defined and coordinated elements of clinical practice, academic teaching and student support.

All elements of internship are formally assessed. The aim of internship is to facilitate a translation of theory into practice and to provide safety to both clients and practitioners. Used in professions such as medicine, psychology, nursing, etc.

- **MCPS** – The Metanoia Counselling and Psychotherapy Service. MCPS is an internal clinical placement service within the Metanoia Institute.
- **Organisational case study** _ Systematic qualitative observation of an organisational process. Linked to the ethnographic approach in anthropology. The data is not purely observational; the researcher also draws on the self-report. Organisational case study uses a participant observation method entailing: the observer's immersion in the situation, systematic but unstructured observation and detailed recoding of observations, generally from memory (Barker, Pistrang, Elliot, 1999).
- **Organisational culture** – A pattern of basic assumptions invented, discovered or developed by the group (or organisation) as it learns to deal with external adaptation and internal integration (Schein, 1992).
- **Process consultancy** – A type of consultancy project related to change management, particularly useful when the problem is poorly defined and the consultant assists the group with problem solving. The responsibility for change remains with the group. (Price, 2001). Schein (1995) equated process consultancy with 'clinical enquiry'.
- **TA** – Transactional Analysis
- **Theories of action** – A set of beliefs and practices underlying the organisational culture. Theories of action provide a framework for understanding organisational processes and strategies (Argyris, 1995).

- **Therapeutic relationship** – " The systematic use of a relationship between therapist and patient – as opposed to pharmacological or social methods – to produce changes in cognition, feelings and behaviour" (Holmes and Lindley, 1989, p. 3).
- **Transference** – A concept originally developed in psychoanalysis, which refers to an unconscious aspect of a the therapeutic relationship in which the patient displaces on to his analyst feelings, ideas and beliefs that derive from previous figures and events in his/her life, the state of mind of the patient, and the emotional attitude of the patient towards the analyst. (Rycroft, 1968/1995, cited in Hargaden & Sills, 2002, p. 46).
- **UKCP**- United Kingdom Council for Psychotherapy

CONTENT

CHAPTER 1: INTRODUCTION

THE RESEARCHER

1. PERSONAL CONTEXT

Seeking common ground between different cultures and languages has been a constant theme in my life. As a child of a Romany mother and a Serbian father, brought up within the Serbian majority culture, I grew up with a need to define who I was and to find ways of belonging and psychological survival.

I first became aware of my difference in primary school. The only Romany boy in the class asked to leave the room and, in his absence, the teacher told the class that she hoped that we were not giving him a hard time because he was a 'gypsy'. This was a shock for me. I didn't realise until then that he was any different from the rest of us, and that this was something we could give him a hard time about! Then came the realisation that I was different too, and the fear that this could be discovered. Even worse, I didn't know if others already knew of my difference and had already talked about it when I was not present.

This was an important formative experience for me and illustrates some of the themes I had to face in finding a way to be psychologically safe and to belong. The fear of being found out, 'outed' and persecuted by one group or the other, led me to seek to understand both cultures, and I relied on my competency in school and sport to carve out a 'safe' position for myself. By the time I was a teenager, I realised that it was impossible for me to be invisible and that I had to find a way of being myself in the world. The desire to understand people (and be safe) led me to study psychology and, later, psychotherapy.

I continued to learn how to balance languages and cultures when, in my adult life, I chose to live in England and marry a Dutch man. I began to understand that there was richness and flow contained in different cultural languages, in their uniqueness and ability to communicate new understanding and perspectives.

Through questioning the basic concepts of identity, culture and belonging throughout my life I have developed a deeply held belief that human identity is a process, rather than a state, and that this is the case with all human products – including theories, religions and even concepts like national and cultural belonging.

One of the outcomes of my experiences has been that I have developed a passion for integration and the 'building of bridges' and an enthusiasm for retaining the richness of the specifics while, at the same time, forging ways to find and understand the common ground between cultures. This is a personal drive underlying my motivation for this project. My personal background was also a reason for my vulnerability while undertaking this research. I find the experience of not being understood deeply distressing and, in these situations, I can lose my enthusiasm and energy (although it is always recoverable). Through the lens of my personal experience I can view the different cultures in psychotherapy and recognise my own motivation to value differences but seek commonalities (helping to have an awareness of resistance issues around stakeholding and identity).

One of my biases in this project is that I have a personal experience that cultures, and languages, may be questioned and negotiated and a belief that there will be a common ground underlying the common activity (psychotherapy). To temper this bias I also carry the understanding that challenging issues of cultural belonging, even in a wider

professional sense, could evoke early developmental experiences related to identity and personal safety. I also know from personal experience that, despite the existence of a common ground, languages and cultures are never fully translatable and that non-translatable differences are the ones that are invested with an individuality and richness that need to be valued and acknowledged. This is what I wanted to focus on in this project.

2. PROFESSIONAL CONTEXT

My own professional background and philosophy were also a significant factor in influencing my interest in this project.

Even though as a psychotherapist I was trained in a single theoretical approach (Transactional Analysis) my practice has been led by clinical needs rather than the need to stay true to my theoretical approach and I have found myself becoming increasingly integrative. My own philosophical stance, linked to my personal history as well as professional experience, is rooted in the post-modern "incredulity towards metanarratives" (Lyotard, 1984; cited in Lechte, 1994). This has influenced my interest in developing training on the basis of practice and clinical needs rather than taking a purely theoretical stance. This attitude influenced my choice of the research methodology in this project : I wanted to use a method of enquiry that produced applicable, relevant knowledge that could be used by my own organisation as well as the wider professional field. I also wanted to move away from the artificial separation between the researcher and the subject and to develop my knowledge and understanding through a process of engagement with the system I wanted to explore.

A particular aspect of my interest in developing training through involvement in the organisational system stems from my own professional experience. Throughout my career prior to working at the Metanoia Institute, I worked within voluntary sector agencies – primarily related to mental heath. Because the voluntary sector is dependent on public funding, I became aware of how government policies are inevitably translated into action and of how this, in turn, affects funding and the provision of services. Counselling, and particularly psychotherapy, have long been in a privileged position of being fairly independent because of reliance on private funding by clients and students. However, this position is rapidly changing. By addressing issues of training and effective practice in relation to the wider context I hoped to initiate a debate, which might help the profession to consider options in responding to the wider field.

For this enquiry, I have also been able to draw on my involvement in several different aspects of the practice-training continuum. I have worked as a placement provider, trainer and supervisor in counselling and mental health and I am currently a trainer and supervisor in private practice. Over the years, I have been engaged in conversations about the inadequacies of the system, but this dissatisfaction has not led to a systemic change. As well as wanting to find a way of bringing about change, I was curious about why these concerns haven't led to much action. I hoped that this enquiry would help me to understand the dynamic of this process.

As a manager of the clinic at the Metanoia Institute, my role is to be an intermediary between the clients coming into the service, students (in what is usually their first clinical placement) and their training. In addition, I take part in the overall management of the Institute. In this role, I have an overview of the overall structure, functioning and development of the organisation.

Over the years I have found that the following are some of the questions and requests regularly put to me by clients in the course of clinical assessments at the Metanoia Counselling and Psychotherapy service.

" ... and what sort of therapist are you going to refer me to? I've heard that there are many different schools... "

" Can you tell me what is more suitable for me: counselling or psychotherapy? I don't know what is the difference between them"

" I don't know what sort of therapists there are, but please, don't refer me to someone who doesn't say a word... "

So, how do I answer these questions?

The Metanoia Institute offers training in four different theoretical orientations as well as separate counselling and psychotherapy training. Initially I accepted these differences and assumed that they translated into students' abilities and methods of working. For example, I assumed that clients with more severe symptoms would be better served by psychotherapists, and that those who were dealing with stresses related to their immediate psychosocial environment would benefit more from counselling. I also assumed that there would be sufficient differences between the theoretical models to differentiate between methods of working, and to find a suitable match between the client and the theoretical orientation.

I found that neither of these hypotheses really worked in practice. I observed that trainee psychotherapists and counsellors struggled with similar issues at this stage of training. These related mainly to the issues of developing a working alliance and treatment direction. The individual match between clients and their practitioners seemed to be only

partly related to the practitioners' theoretical orientation. I observed that students who had good interpersonal skills, some clinical experience and a level of flexibility in meeting their clients generally seemed to be more successful in establishing a working alliance.

These observations raised questions for me about training for clinical practice: the role of formal teaching, similarities and differences between training courses, supervision practices and individual differences between students. These questions linked to my awareness of the issues in the wider field.

Over the last 20 years the field of psychological therapies has changed significantly. With the development of psychological therapies, and their integration into the mainstream and statutory services, came an increased requirement for evaluation of effectiveness and development of evidence-based practice. I was aware that clinical practice performed by students raises ethical issues about the protection of clients and the provision of appropriate services and wanted to find a way of addressing these concerns by bridging the gaps between training, supervision and clinical practice.

Being able to observe how students who trained in different approaches applied their training in practice gave me a particular vantage point to reflect on the process of training and I became interested in using research to develop the early stages of training.

I began to wonder whether the existing training could be improved by focusing it more clearly on preparation for clinical practice. I have observed that these novice practitioners often seemed to lose their clients by applying their theoretical learning too rigidly and I began to wonder whether a more generic training at this level would serve their needs and those of their clients better. I wanted to find out whether (1) a **generic foundation level training** could be developed on the basis of common factors in skills, theoretical

knowledge and personal development needed at this stage. I knew that these common factors were clearly reflected in the research literature.

I was intrigued that I have only gained this particular awareness into patterns of practice and students' training needs from the position of being responsible for their clinical practice. I have worked as a tutor and a supervisor for some years and yet it was only working in this role that I have truly had an overview of the connection between the clinical practice, training and supervision. This awareness led me to question the role of clinical practice training in the overall structure of professional tuition and prompted me to investigate ways of addressing ethical considerations linked to issues of effectiveness and safety of clinical practice at this stage **(2) internship**.

THE ORGANISATION

The Metanoia Institute is an independent training organisation in counselling, psychotherapy and counselling psychology. In its historical development, structure and training practices, the Metanoia Institute is similar to other training organisations within the professional field. However, it also contains some unique characteristics, which make it particularly suitable for this enquiry.

History and structure of the organisation

The history of the organisation shows a development from a small training institute run by inspiring individuals to a complex training organisation which runs a number of courses and has professional links to all the umbrella organisations within the UK and to international training bodies.

The Metanoia Institute was established in the early 1980s. This early organisation, which offered training in Transactional Analysis and Gestalt psychotherapy, developed rapidly and eventually expanded to the current training provision. Systems of leadership and management have also changed. The early style of leadership was gradually replaced by a management structure and systems. The academic aspect of training became more regulated through the process of affiliation to Middlesex University in the early 90s and led to the development of academic awards – BAs in counselling and MScs in psychotherapy training. The latest development has been a doctoral programme. At present, the overall day-to-day management of the organisation and of training is delegated by the Board of Trustees to the Management Committee. Members of the Management Committee are: the Heads of Training, Clinical and Administrative departments (who all have day-to-day as well as strategic management responsibilities for their departments), the CEO and the Financial Controller (who hold responsibilities for the overall organisation). It is characteristic of this type of training institution in the UK that its main function is the provision of part time training courses, which means that the majority of the employees (trainers and managers) are all working part time. The only full time function in the organisation is administration, which services all the departments.

One of the consequences of this structure is that trainers working in these departments are usually self-employed practitioners who may also teach in other organisations. The time they spend together as a team is very limited and usually linked to teaching time, leaving little time for interpersonal contact or discussion of developments within their teams. Their availability for strategic and academic development related to the whole Institute is limited and teams usually have most contact with other members of their

department, so that each team functions as a largely independent professional network. The consequence of this is that the management team is the only group that meets frequently and has an overview of the work of all departments. This is why overall strategic development ideas are usually initiated at this level. However, the ethos of the organisation is based on the philosophy of counselling and psychotherapy training and reflects values of communication and collaboration. At times, this ethos is at odds with the part time structure of training and management, which leaves a very limited amount of time for consultation and communication of decisions.

Another important characteristic that the Metanoia Institute shares with other similar training institutions derives from its status as an independent training organisation, reliant solely on private, personal funding by students. This type of structure creates a pressure to balance quality of training with the demands of funding, and strategic decisions must be taken on the basis of both feasibility and careful cost analysis. In addition, sensitivity to competition in the provision of training has facilitated an ethos of innovation in the development and quality of training courses at the Metanoia Institute. Externally, the organisation maintains active links with professional umbrella organisations through its senior members.

Questions

My position of being responsible for students' first clinical practice across the departments, prompted my interest in understanding the common ground in preparation and training for clinical practice (the generic foundation year). I have implemented the CORE system into the MCPS as part of my doctorate pilot project and have found that

levels of preparedness for clinical practice varied between training departments. I questioned whether this was related to issues such as:

- Balance between theory and practice
- Levels of structure that different theoretical approaches offered to students
- Individual differences between students, or
- The role of supervision.

I then questioned whether:

1. There could be a benefit to having a generic foundation year and whether
2. Feedback from clinical training could provide a feedback loop into the design of a generic year.

From my knowledge of the structure of the organisation, the levels of personal commitment to one's own approach, the depth of professional and personal connections within the teams and the level of fragmentation contained within the structure, I realised that this project was likely to raise resistance and fears. From my own background I could relate to issues of identity and belonging and hypothesised that any debates that challenged individual approaches would raise fears around these issues. I also hypothesised that the situation at the Metanoia Institute reflected the wider professional field and that the project offered an opportunity to understand and find ways of working with the unconscious group and with organisational processes, thereby addressing the level of fragmentation in the fields of counselling and psychotherapy.

THE EXISTING KNOWLEDGE CONTEXT

1. THE PROFESSIONAL FIELD AND CLIMATE

The professional field of counselling and psychotherapy in the UK is characterised by the increasing role of the statutory sector in the provision of services, with its emphasis on evaluation and a policy of clinical governance. On the other hand, there is a gap between research and practice in the field, which is marked by a plurality of theoretical approaches.

Influence of the statutory sector

Statutory services within the UK are playing an increased and developing role in the provision of psychological therapies. The National Health Service is currently the largest single employer of counsellors and psychotherapists (Goss and Rose, 2002).

The spiralling costs of health care nationally have increasingly led to an emphasis on clinical governance and cost effectiveness of treatments. Clinical governance has been defined as:

"a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding the high standards of care by creating an environment of excellence in which clinical care will flourish" (cited in Carter, 1999).

In response to this, a number of institutions have been established:

- National Service Framework (NSF) responsible for setting out standards for mental health services

- The National Institute of Clinical Excellence (NICE) whose role is to set standards and to provide guidelines and tools for audit with the aim of improving quality, and
- The Commission for Healthcare Audit and Inspection (CHAI) – a professional inspectorate aiming to improve the quality of service.

Although clinical governance at present applies only to the NHS, the Health Select Committee of the House of Commons is undertaking an enquiry into the regulation of private and independent health care, which could affect other service provision.

The concept of clinical governance examines questions of practitioner effectiveness. It aims to develop clinical guidelines and recommends effective treatments on the basis of research evidence and evidence-based practice, which has become central to NHS policy. Goss and Rose (2002, p.147) add an ethical dimension to the concept of cost effectiveness and state that it means that "*when we intervene in the lives of others we should do so on the basis of the best evidence about the intervention and its outcome*".

A similar process has already been developed in the US where the Agency for Health Care Policy and Research (AHCPR) was responsible for determining the effectiveness (including cost effectiveness) of treatment strategies for specific disorders with the aim of increasing quality and reducing the costs of health care (Barlow, 1996). They also created clinical guidelines articulating the optimal strategies for assessing and treating a variety of problems. Clinical guidelines in the US are increasing and assuming the force of law in many states, which is impacting on malpractice litigation. A similar process is happening in the World Health Organisation and in Australia and New Zealand (Barlow, 1996).

For the most part, clinical guidelines rely on meta-analytic and systematic reviews of research often dominated by randomised control trials and efficacy research. These types

of research are based on the medical model and offer limited information about the effectiveness of psychotherapy in more naturalistic settings. They also exclude treatments not suited to this type of research. To expand the research base for the development of clinical guidelines it is important to also develop naturalistic studies referred to as 'practice-based evidence' (Barkham and Mellor-Clark, 2000) and qualitative approaches, which have been undervalued so far.

Although service provision in the statutory sector has been affected by requirements to monitor the effectiveness of treatments, the training of practitioners has been affected only marginally.

The gap between research and practice

In the context of the above, it is interesting to note that in 1994, the National Health Service Executive (NHSE) in the UK formed a policy review panel to investigate the extent to which the existing services complied with standards of appropriateness, accessibility, effectiveness and efficiency. The results of this review showed that existing psychotherapy and counselling provision needed considerable improvement in all these areas. Focusing particularly on the requirement of effectiveness, the survey showed that *'the bulk of psychotherapeutic work in the NHS goes largely unmonitored'* (Department of Health, 1996).

This poses questions not just for the provision of psychological therapies but also for training. Although the NHS drive for effectiveness may be led by the need to be cost effective, it also brings with it ethical consideration of providing the best service for each client. In response to this, the umbrella bodies, UKCP and BACP have drawn up generic guidelines for accreditation of courses as well as information about clinical guidelines

and clinical governance (BACP Information sheets). This reveals the impact of the wider field on the profession and likely future developments. These field factors indicate the need to address issues of developing evidence- based practice or practice-based evidence, in both the delivery of services and training of practitioners.

These developments point to a need for practitioners to have a research attitude to their own practice as well as to be able to analyse and apply research findings, and add to the field of research.

However, despite the statutory pressure for more research into the effectiveness of clinical practice, there is an apparent gap between practitioners and researchers. Although there has been an increase in counselling/psychotherapy research over the last 30 years, research results are often not used by clinicians. Surveys of psychotherapists in the US show that research is not seen as relevant for clinical practice when compared to learning from colleagues, supervisors, personal therapy and clients. (McLeod, 1999).

According to McLeod (2001) psychotherapy research and practice have drifted apart in the last 30 years due to increased specialisation of psychotherapy research. The development of more rigorous methodology has resulted in sophisticated research comparing outcomes of manualised treatments and often grouping clients according to a single diagnostic category. In contrast, counselling and psychotherapy training in the UK, unless related to psychology, often has a very limited component of research teaching, if any at all.

Research tradition that does not reflect the realities of clinical practice and the lack of understanding of research by practitioners, feeds into the developing gap between research and clinical practice. There is a risk that clinicians could become bound by the findings of research, when used by policy makers, without having had any influence on

the research. Goldfried and Wolfe (1996) suggest that the current outcome research used by policymakers in the development of clinical guidelines will restrict clinicians and fail to answer questions relevant for clinical practice, such as how to deal with complex clinical issues or what are the mechanisms and processes of change in different treatments. They suggest that in order to close the gap between research and practice, a new research paradigm is needed based on an active collaboration between researchers and clinicians. The alternative paradigm, according to these authors, needs to reflect the complexity of the issues and diagnoses presented by clients and investigate best intervention to match these, as well as bringing back intensive case studies to illuminate the link between therapy and the process of change.

Clinicians, on the other hand, can contribute to research by developing the 'knowledge of practice' (Hoshmand and Polkinghorne, 1992). To enable them to do this, particular attention needs to be given to methods of teaching research in a way that would be useful to developing practice.

Plurality and common ground in psychological therapies

The field of psychological therapies is characterised by a number of single theoretical and integrative models as well as differences between counselling and psychotherapy. Differences between theoretical models and moves towards integration will be addressed further in the literature review.

Differences between counselling and psychotherapy continue to be debated in the UK. Some aspects of the distinction between the two are due to their roots in different historical pathways (Rowan, 2001).

Psychotherapy developed in Europe via psychoanalysis at the end of the 19th century and was associated with professions such as medicine and, later, psychology and psychiatry. Counselling developed in the US in the 20th century through the Mental Hygiene movement and was linked to education and social care.

There are also differences in the way that the provision of services is organised (Pointon, 2004). Counselling is more immediately available to clients through organisations in the voluntary sector, employers (through Employee Assistance Schemes) and primary care. It is seen as a more mainstream approach to dealing with everyday difficulties and, as such, carries less stigma. It is usually conducted within a shorter period of time. Psychotherapy is usually longer term and therefore requires more commitment from clients. When available in the statutory sector it does not have open access; clients need to be referred either by their GP or a psychiatrist. Most long-term psychotherapy takes place in private practice and is therefore only accessible to clients from a particular socio-economic background.

In terms of training, counselling is often a first qualification, academically at degree level. Psychotherapy involves longer training and usually leads to a Masters degree. However these distinctions do not always apply – clinical issues addressed by counselling and psychotherapy overlap, there are short-term psychotherapies, long-term counselling, and Masters degrees in counselling. The two umbrella organisations which initially represented counselling and psychotherapy respectively – British Association for Counselling (BAC) and United Kingdom Council for Psychotherapy (UKCP) – have both widened their remit. The British Association for Counselling has changed its name to British Association for Counselling and Psychotherapy and UKCP is developing a

section for 'psychotherapeutic counselling'. Some practitioners use the terms counselling and psychotherapy interchangeably, although others are adamant about their differences.

2. THE LITERATURE

Areas of literature I reviewed are directly linked to the enquiry. In this chapter I will present:

1) Research findings into the effectiveness of psychotherapy, particularly in relation to the 'common factors' in psychotherapy, and the movement toward psychotherapy integration, in relation to generic concepts in psychotherapy.

2) An overview of literature related to counselling and psychotherapy training in order to position the enquiry within the context of current practice and the structure of training in the UK.

Research Into Effectiveness Of Psychotherapy

Questions about the effectiveness of psychotherapy have been present in the professional field from the early stages of development, starting from psychoanalysis in the beginning of 20th century, through the period of expansion of therapeutic approaches in the 1960s and 1970s to current healthcare-driven demands for evidence-based practice. Over time, as the profession faced different demands from the environment, the focus of research questions and methodology changed. Goldfried and Wolfe (1996) referred to three different stages of outcome research in psychotherapy:

- The first generation of research was conducted between 1950 and 1960 based on the work of Rogers and other researchers in American research institutions and faculties (Strupp and Howard, 1992). Typically for this period, clinical issues addressed by psychotherapy and the nature of psychotherapy outcomes were described in a non-specific way by the researchers. There was little differentiation among the schools of psychotherapy. Overall, these studies suggested that two thirds of the clients receiving psychoanalysis improved as a result of treatment. These findings were critiqued by Eysenck in 1952. His study suggested that a natural process of healing and recovery produced the same level of improved functioning (cited in McLeod, 2003).
- During the 1960s and 1970s, research questions became more specific. Instead of asking whether psychotherapy was effective overall, research focused on inquiring into the effectiveness of specific procedures with specific clinical problems. Most of these studies used students as subjects, and this limited the level to which they could be generally applied.
- Outcome research from the 1980s onward was focused on the development of clinical trials and therapy manuals. Research studies focused on the effectiveness of particular approaches as well as comparisons between them. This type of research continues to be supported by national institutions such as National Institute of Mental Health (NIMH) in the US and the NHS in the UK, as it provides the research evidence base for psychotherapeutic intervention. This evidence base can be used to develop clinical guidelines and as a basis for making funding and referral decisions. One of the limitations of this type of research is that it is not conducted in naturalistic settings. It provides information about

efficacy in research settings rather than the practice of psychotherapy and is of limited use to clinicians. Throughout this period of research, comparative outcome studies have continued to suggest an overall effectiveness of psychotherapy with not much variation between different theoretical approaches. The apparently uniform efficacy of outcome generated interest in the common ground between the different approaches and the role of these common factors in overall effectiveness. The notion that the effectiveness of different therapeutic models was related to the non-specific 'common factors' of psychotherapy began to develop in the 1930s. In 1936, Rosenzweig suggested that common factors were responsible for the apparent efficacy of different psychological therapies. He emphasised this by referring to the Dodo bird's statement at the end of the race in Alice in Wonderland –"Everybody has won and all must have prizes". Uniform efficacy of psychological therapies has been referred to as the 'Dodo bird effect' since then.

Jerome Frank (Frank, 1973, cited in Wampold, 2001), one of the influential writers in this field, defined these common factors as components shared by all approaches related to the creation of an emotionally charged confidential relationship with a helping person in the context of a healing setting. Psychotherapy provided a rationale for symptoms and presented rituals or procedures for solving them. To be effective, this rationale needed to be accepted by both a therapist and a client, should be based on sound psychological principles and consistent with the worldview, assumptive base, attitudes and values of the client.

Since Frank, uniform efficacy has been further confirmed by several systematic literature reviews and studies using statistical meta-analysis. These offered an overview and comparison between different approaches and diverse studies. They include studies by Luborsky et al in 1975 (cited in McLeod, 2003), Lambert and Bergin (1994), meta-analysis by Smith et al in 1980 (cited in McLeod, 2003) and Wampold (2001). These studies continued to reinforce the role of the therapeutic encounter and therapeutic relationship in effective psychotherapy treatment. In 1986, Butler and Strupp defined psychotherapy as a 'systematic use of a human relationship for therapeutic purposes'.

In 1994, the review of studies into the effectiveness of psychotherapy by Lambert and Bergin summarised that:

- Many therapies have a clinically meaningful and statistically significant effect for a variety of clients. Psychotherapy facilitates the remission of symptoms, speeds up the natural healing process and provides additional coping strategies.
- The effects of psychotherapy are lasting and surpass pseudo-therapies and placebos.
- Although Cognitive Behavioural Therapy seems to be more effective for certain problems, there is little evidence for the clinical superiority of one therapy over another
- Interpersonal, social and affective factors common across therapies loom large as stimulators of patient improvement. Research suggested that therapists' ability to relate was a significant factor in the overall effectiveness of psychotherapy. The authors suggested that training programmes should emphasise the development of

a therapist as a person as having equal importance to the acquisition of therapeutic techniques.

- There are wide variations in effectiveness between therapists.

Furthermore a study by Luborsky et al in 1999 (cited in Wampold, 2001) analysed 29 different studies comparing different approaches and found a positive relationship between the researcher's theoretical allegiance and the outcome of the study, thus further strengthening the notion of uniform efficacy.

Summarising the points of commonality between theoretical approaches, Goldfried, Castonguay and Safran (1992) suggest that most forms of therapy have similarities in:

- The basic structure of treatment,
- Function of therapy,
- Nature of therapeutic interaction,
- Common clinical strategies.

The findings of research into 'common factors' relate to my experience of working at MCPS. However, I realise that these common factors are not, in themselves, sufficient to describe the process of psychotherapy. As a trainer, I would not be able to use them, outside a theoretical framework, in order to plan a training programme. They also do not offer enough specific information to build a coherent therapeutic system, or plan the process of treatment. Findings of efficacy studies have suggested that some skills and interventions have been found to be particularly effective. This implies that, although 'the common factors' are present in different approaches and they enhance the effect of treatments, they are not the only 'active ingredients' of psychotherapy (Barlow, 1996).

History of psychotherapy integration

The movement towards eclecticism and psychotherapy integration developed in response to the fragmentation of the field into different theoretical approaches. It played an important role in developing an understanding of the common ground between the different theoretical approaches.

From the initial development in psychoanalysis and behaviourism, psychotherapy was first expanded by development of distinctive therapeutic models in 1950s such as Ellis's Rational Emotive Therapy, Rogers' Client Centred therapy and Berne's Transactional Analysis. Writers such as such as Thorne (1950) and Garfield (1957) began to address issues related to the concepts of empirically led integration in the 1950s. There was also a focus on questions such the translatability of therapeutic languages and the role of specific therapeutic skills (Dollard and Miller, 1950; Herzberg, 1945).

Subsequently, the psychotherapy field developed a number of therapeutic approaches and related training systems with a particular period of expansion in the 1960s and 1970s. In the 1960s, the integrative literature began to focus on developing a deeper understanding of the common factors and the role of theory.

The role of theory was questioned by Lazarus in 1967. He proposed that clinicians could use effective techniques across the therapeutic modalities without subscribing to the theoretical and philosophical concepts underlying them. This was later referred to as 'technical eclecticism' (Dryden ,1987) and led to the development of one of the major routes to integration.

Patterson (1967) focused on establishing convergent and divergent factors across different psychotherapeutic orientations. Whitehouse (1967) explored the generic

principles underlying therapeutic interventions thus beginning the work on the development of transtheoretical concepts and theoretically led integration.

The 1970s continued to see the development of interest and work on integration by prominent writers such as Frank (1971), Woody (1971), London (1972), Garfield (1973) and Strupp (1973). The work on integration gained pace with the increasing plurality of the field. In 1986, Karasu found evidence of over 400 theoretical approaches to counselling and psychotherapy with more approaches emerging every year. Integrative theorists aimed to address this fragmentation and to develop effectiveness, professional standards and the empirical basis of psychotherapy through a process of integration.

By the 1980s, psychotherapy integration became a significant movement in the field of psychotherapy. Over 200 publications on psychotherapy integration appeared during this decade and the subject continued to develop with prominent writers such as Goldfried, Brady, Strupp, Wood, Marmor, Dryden, Bastine, Shapiro, Luborsky and others (cited in Goldfried and Newman, 1992). The integration movement became institutionalised through the formation of the Society for Psychotherapy Integration in 1983 (SEPI), the publication of the Journal of Psychotherapy Integration in 1982 (initially named Journal of Eclectic Psychotherapy) and the establishment of integrative training programmes (cited in McLeod, 2003). Studies of practising clinical psychologists and psychotherapists in the US and the UK, such as Garfield and Kurtz (1974), Prochaska and Norcross (1983) and Hollanders and McLeod (1999), demonstrated that increasing numbers of practitioners were using eclectic strategies explicitly or implicitly. McLeod's study in 1999 showed that only 13 per cent of practitioners were using a pure theoretical approach in their work.

Integration strategies and themes

In relation to the move towards integration and eclecticism in clinical practice, research and theory, it is important to summarise some of the major themes and strategies in the integration movement. Reviewing these strategies, McLeod (2003, p.66) reflects on strategies of integration in psychotherapy as "*...continuum, which at one end involves close attention to theory building, and on the other end represents a primarily atheoretical, pragmatic, and empirical approach*".

In 1992, Goldfried, Castonguay and Safran referred to a number of major themes, which emerged in the movement towards integration:

- Distinction between eclecticism and integration: Eclecticism focused on blending practice and technique, while integration aimed to bring together divergent theoretical models.
- Converging trends between orientations: Major schools of psychotherapy initially focused primarily on one aspect of human behaviour (such as behaviour, thinking or affect) and developed specialised skills in the area their approach emphasised. Converging trends have led to the further development of theory and a wider understanding of the processes of change, increased flexibility in the use of techniques, development of an interpersonal and relational perspective and a trend towards social-constructivist epistemology. Spence (1982), Schafer (1976), Hoffman (1991).
- Potential complementarity among different orientations: Specialised techniques and approaches developed by one theoretical orientation may be applied in other schools of therapy, thereby contributing to the field of knowledge across orientations.

- The common factors of psychotherapy and the accumulation of research findings regarding the effectiveness of different schools of thought indicate that further research is needed into strategies of intervention and processes of therapeutic interaction.

In 1989, Mahrer offered an overview of different pathways to integration: development of a substantive new theory; development of one current theory to the point where it assimilates all alternative theories; development of a common therapeutic language; identification of transtheoretical concepts; identification of common techniques and concentration on 'what works'. McLeod (2003) added another aspect of therapeutic integration: the development of the individual therapist. I will present a brief overview and reflection of these issues using Mahrer's pathways as a framework:

- **Development of a substantive new theory that creates a genuinely new way of understanding humanity**.

According to McLeod (2003), the identification of transtheoretical frameworks has the potential to approach the aim Mahrer identified. However, he also reflected that, to an extent, this is contradictory to the development of 'new' theories in psychotherapy to date because it could be argued that human knowledge is always an integration of previously accumulated and related knowledge. Most psychotherapeutic systems have been developed on the basis of previous and contemporary theories, together with the interplay of wider cultural, philosophical and political issues, and they often represent levels of integration rather than a purely new knowledge. I relate to this view from the perspective of Transactional Analysis. TA emerged as a new theory in the 1950s. However, it was

developed under the influence of psychoanalysis and behavioural therapy and was based on humanistic philosophy and psychology, influential at that time in the social context of the US. The current schools of TA emphasise this background in integration in different ways as they continue to develop new levels of integration.

- **Development of one current theory to the point where it assimilates all alternative theories**

According to Mahrer (1989) this strategy would be a mistake because theories contained different notions of the concept of a person. This approach also assumes that absolute knowledge about individuals and social systems is possible, which runs counter to the socio-constructivist epistemological notion. This view reflects my philosophical position and life experience. The experience of the civil war in my country of origin (former Yugoslavia) showed me that narratives and identities of countries could change in relatively short periods of time and that even 'absolute' individual truths of personal identity and national belonging were not permanent. I was clear that my own interest in finding commonalities in psychotherapy training was not related to looking for an all-encompassing theory.

- **Development of a common therapeutic language**

The absence of a common therapeutic language has been referred to as one of the obstacles to integration by a SEPI survey conducted by Norcross and Thomas (1988) and Goldfried, Castonguay and Safran (1992).

The awareness of this issue as an obstacle to communication is not new. It led to early attempts to focus on translation between different therapeutic languages (Dollard and

Miller, 1950; Ryle, 1978, 1987 – cited in Goldfried and Newman, 1992). However, different therapeutic languages also reflect some of the epistemological differences between theories, which cannot be simply translated but potentially add to the richness of therapeutic knowledge. In my experience, this reflects wider differences between languages. Different languages contain a nuance of feeling, imagery and meaning deeply linked to their origin and culture, which is never completely translatable.

- **Identification of transtheoretical concepts**

This pathway focuses on an exploration of areas of commonality between theoretical approaches and attempts to discover a central framework to encompass all approaches. Examples are concepts such as therapeutic alliance (Bordin, 1979) and the transtheoretical approach to the processes of change (Prochaska and Di Clemente, 1992). McLeod (2003) suggests that Egan's "Skilled Helper" approach, which is used widely in counselling in the UK, represents one such model, as does Ryle's Cognitive Analytic Therapy. According to McLeod, one of the main problems is that these developments always use some theories and eliminate others and end up developing new approaches rather than bringing about a transtheoretical rapprochement. Another example of a transtheoretical framework is the generic psychotherapy format developed by Orlinsky and Howard (1986, 1994).

This psychotherapeutic system aims to encompass all actions and experiences of patients and therapists with each other, both within and outside the session. Their generic model distinguishes six aspects of the process that can be found in all aspects of psychotherapy:

1. A formal aspect – therapeutic contract relating to developing an understanding about goals and conditions of engagement

2. A technical aspect – therapeutic operations. Viewed generically, this always includes some form of problem presentation, expert understanding and a level of co-operation between therapists and clients.
3. An interpersonal aspect – a therapeutic bond
4. An intrapersonal aspect – the internal process relevant to both therapists and clients
5. A clinical aspect – the in-session impact. This emphasises the results of specific therapeutic operations and the nature of the therapeutic bond
6. A temporal aspect – patterns and stages of a therapeutic course

.

The transtheoretical model by Prochaska (1984) and Prochaska and Di Clemente (1992) represents another attempt to develop an overarching framework based on the premise that psychotherapy integration would most likely occur at the level of analysis between theory and technique, which they define as the processes of change. They identified 10 different processes of change used by people in natural environments to deal with problems: consciousness raising; self liberation; social liberation; counter-conditioning; stimulus control; self re-evaluation; environmental re-evaluation; contingency management; dramatic relief and helping relationships. In comparison, they identified only two or three types of change processes normally used by different theoretical orientations. In addition, they identified the basic stages and levels of change. The stages of change were:

- Pre-contemplation
- Contemplation
- Preparation

- Action
- Maintenance.

They found that different processes of change were emphasised during particular stages of treatment. The five different levels of change were organised in a hierarchical but interrelated order:

- Symptom/situational problems
- Maladaptive cognitions
- Current interpersonal conflict
- Family systems conflict
- Intrapersonal conflict.

They saw theoretical integration as the "*differential application of the processes of change, at specific stages of change and according to the identified problem level*" (Prochaska and Di Clemente, 1992, p. 307). The central principle of the model is that different processes of change produce most effect at different stages.

I have used different transtheoretical models in my work as a tutor and a supervisor. I have used Egan's framework in teaching counselling skills and the basic counselling process, particularly within voluntary sector organisations, to diverse groups of participants, and have found it very useful. I have also used the generic model by Orlinsky and Howard and the transtheoretical model by Prochaska and Di Clemente as supervision tools for work with integrative psychotherapy students. This leads me to think that these transtheoretical frameworks address areas of both content and process in psychotherapy and that they have a practical use in analysing a wide range of psychotherapeutic approaches. However, I question whether without enough specific or theoretical information they could be used as the sole basis of a training course.

- **Identification of common techniques**

This approach is more common to eclecticism than integration. It involves sharing effective interventions and procedures between the practitioners regardless of the theoretical orientation.

In my experience, some of this type of eclecticism is always present among clinicians. It occurs at professional gatherings, such as conferences, and through attempts to address clinical problems by reading across approaches. For example, in my own psychotherapy practice, working in brief therapy settings led me to read the CBT material and apply some of the techniques; working with traumatised clients inspired me to read the material on trauma, etc. In so doing, I have always viewed these techniques through the lens of both my theoretical perspective and the clinical context. This pathway to integration reflects a suggestion by Hoshmand and Polkinghorne (1992) that knowledge derived from practice becomes transmitted through the oral tradition in psychotherapy as well as the writings of master practitioners.

- **Concentration on 'what works'**

This pathway is based on using research findings to identify the most effective interventions for particular clients and issues. Empirically driven integration is suggested by Barlow (1996) as potentially more fruitful than a theoretically driven one in, a field dominated by the development of statutory clinical practice guidelines and attempts by the statutory bodies to simplify the assessment and referral process in psychotherapy.

I concur with this view and Barlow's emphasis on an awareness of the wider field and political realities, although empirical research in psychotherapy has had its own problems in terms of the applicability of research findings to clinical practice.

- **Development of individual therapists**

Another aspect of integration suggested by McLeod (2003) is to view it through the process of personal development undertaken by individual therapists.

Outcome research studies have identified a large degree of variation in the effectiveness of individual psychotherapists. This points to the importance of understanding the nature of clinical practice and the level of integration practitioners achieve through their own development. Hoshmand and Polkinghorne in 1992 redefined the relationship between the psychological sciences and clinical practice from a post-modern perspective and stressed the importance of the 'knowledge of practice' in addition to research-based and theoretical knowledge. Looking at the development of individual practitioners, Dreyfus (1986) described the development of practitioners and the types of cognitive processes applied by them as progressing through five stages from the 'novice' to the 'expert stage'. They suggested that the expert stage involved accommodating previous understanding and knowledge of the requirements of a particular clinical situation through an interaction between frames of understanding and environmental cues. Schon described this as a capacity to keep alive the multiplicity of views of a situation in the middle of action (cited in Hoshmand and Polkinghorne, 1992).

Hoshmand and Polkinghorne's approach is particularly relevant to this research. I see the 'knowledge of practice' as a live, clinical knowledge and understanding that needs to form an essential part of professional training. This idea underpins my interest in

developing a deeper level of integration between clinical practice and theoretical teaching.

Fragmentation or diversity ? Obstacles to integration

Proponents of psychotherapy integration see the plurality of psychotherapeutic systems primarily as fragmentation and seek to establish bridges between them. However, looking into theoretical diversity, McLeod (2003) suggested a wider view and stated that roots to diversity were related to:

- Alternative images of a person, reflecting diversity within a culture
- The personal dimension of psychotherapeutic theories. Developed and identified by their founders, these systems may not have been able to accommodate differences between individual practitioners and inadvertently led to the development of further personal theories.
- The social context of theoretical construction – the notion that theories change and develop in response to social factors.
- The commercial aspects of the mental health industry, which reflected wider consumer culture and led to the development of the brand names of therapy.

Despite the integration movement, the field of psychological therapy and training is dominated by single theoretical approaches leading to largely separate professional networks. Some supporters of single theoretical orientations have argued that rapprochement between psychotherapies was neither possible nor desirable. Goldfried and Norcross (1992) have presented an overview of some of the arguments considered to

be the main points of contention between behavioural and psychoanalytic psychotherapy, which represent opposing psychotherapeutic systems.

1. Differing perspectives on reality. This referred to the differences in the worldview between the psychodynamic and behavioural approaches. Yates (1983a) considered that while behavioural therapy focused on objectivity and extraspection (focus on external motivators of behaviour), psychoanalytic therapy reflected idealism (the subjective existence of the world), subjectivity (individual uniqueness) and introspection. Other writers on this subject include Messer (1992) and Messer and Wincour (1980).
2. The role of the unconscious in therapy. Although this appeared to be the most obvious point of divergence between the behavioural and psychodynamic approaches, Goldfried and Newman (1994) argued that this was only the case in classical psychoanalysis and radical behaviourism.
3. Importance of transference and the therapeutic relationship. Although transference was initially developed in psychoanalysis, Arknof (1983) found that definitions of transference varied and concluded that there might be similarities in the way in which the two approaches used the therapeutic relationship.
4. Determining the goals of therapy provided a further dialogue between the extraspective and introspective motivators and the aims of psychological change. Beutler (1983) stressed that different therapeutic orientations determined goals of therapy differently, could not agree on what needed to be changed and therefore could not be integrated. However Messer (1986, 1992) concluded that both extraspective and introspective changes could be achieved within the same model.

One of the arguments for following a single theoretical approach is related to one of Frank's stated common factors of psychotherapy – the need to provide a rationale that is acceptable to a client and is congruent with their worldview.

In relation to this, Lyddon (1991) tested the hypothesis that the client's personal epistemology would predict preferences for theoretical approaches to psychotherapy and found that clients preferred therapies that matched their epistemological style. This highlighted the importance of providing therapies and training based on diverse epistemological premises, able to meet the needs of a diverse population.

Looking at the future of integration, Norcross and Newman suggested in 1994 that psychotherapy integration needed to identify and address the real obstacles to psychotherapy integration as well as the commonalities.

In 1988 Norcross and Thomas conducted a survey of members of the Society for the Exploration of Psychotherapy Integration (SEPI) to identify current obstacles to integration. These were identified and ranked as:

1. Intrinsic investment of individuals in their private perceptions and theories
2. Inadequate commitment to training in more than one psychotherapy system
3. Approaches with divergent assumptions about psychopathology and health
4. Inadequate psychotherapy research on the integration of psychotherapies
5. Absence of a common language for psychotherapists

In addition, Norcross (1988) suggested that there was a misconception in the psychotherapy field: that therapeutic processes and procedures were the exclusive property of a particular psychotherapeutic orientation. Norcross termed this the 'exclusivity ' myth. The assumptions underlying the exclusivity myth included beliefs

about the uniqueness and superiority of different theoretical systems. Calls for integration and the empirical basis of psychotherapy seek to change this attitude.

Also reflecting on the future of integration, Goldfried, Castonguay and Safran in 1992 referred to barriers to integration being closely related to theoretical constructions of the therapeutic process:

- Social barriers are related to the sense of professional belonging and to the theoretical allegiances contained within professional networks. These networks are formed through the process of training and professional affiliation and they shape the sense of professional identity of practitioners. There is, at times, little communication between practitioners with different theoretical orientations, which limits opportunities to develop and question each other's theoretical schema.
- Linguistic barriers continue to present an obstacle. Some of the language developed by different approaches describes different phenomena or develops a different emphasis and, in so doing, adds to the diversity of the field. However, different language systems sometimes describe the same clinical phenomena. This makes it difficult to research clinical phenomena and share developments between approaches.
- Epistemological barriers – differences in theory-driven languages have roots in basic philosophical assumptions and epistemologies. Therapists differ in what they consider to be valid forms of knowledge and in what they accept as methods for acquiring this knowledge.

These authors suggest that in order to advance the field of integration, further work is required on:

- Consolidation and rapprochement across orientations
- Focus on specific clinical problems and changes to the mechanisms associated with their treatment
- Contribution of basic research to better understand the change processes in divergent theoretical approaches
- Combination of the theoretical and empirical methods of investigation to simultaneously explore the hermeneutic and empirical methodology and development of 'epistemological eclecticism' (Castonguay, 1989).

The literature on obstacles to integration provides a detailed analysis of both the difficulties entailed in the process of integration and suggestions for strategies to address them. The obstacles identified indicate the complexity of the current professional culture. In my own experience, overt strategies for change are not usually sufficient to effect transformational change within groups and organisations. That type of change usually also requires attention to unconscious processes and group dynamics.

Counselling And Psychotherapy Training

Historical context

The development of research into the process and effectiveness of psychotherapy has not yet been matched in the area of training. Historically, training in psychoanalysis centred around 'training analysis' – an intensive period of personal psychoanalysis used as a training and assessment tool. A more varied training programme began to be introduced through the development of other training orientations from the 1940s.This involved the

development of skills teaching, which gradually became more structured, as well as other methods of developing self awareness, such as experiential groups. Assessment also moved away from secretive decision making in early psychoanalytic training towards the introduction of students' self assessment and various assessment methods undertaken by tutors. In the 1940s and 1950s, development of the client-centred approach brought about a more varied training process, which included learning techniques as well as different methods of developing self-awareness, such as experiential groups.

Traditions in counselling and psychotherapy training developed differently in different countries. For example, Transactional Analysis offers an international framework for training and accreditation of psychotherapists through the European Transactional Analysis Association (EATA) and the International Transactional Analysis Association (ITAA) and frequently deals with issues arising from different standards and requirements for psychotherapy practice.

In the US, psychotherapy training is related to psychology training and involves a strong research component. A similar situation exists in a number of Western European countries (such as Netherlands, Germany, Italy, etc.) where psychotherapy training is related to psychology and psychiatry and only some of the theoretical orientations have achieved statutory accreditation. In Sweden for example, new orientations need to demonstrate their research base before they are accredited by the statutory bodies. Transactional Analysis was not deemed to have the level of research evidence required and this impacted on TA training in the UK. In the past five years, this has prompted an increased interest in research and the development of new research studies in TA, an example of how the influence of a national context impacts on the development of psychotherapy knowledge and practice.

In a number of Western countries, training in counselling, as opposed to psychotherapy, is closer to the education and social work professions than to clinical settings.

In the UK, counselling and psychotherapy training programmes have followed the gradual emergence of psychological therapy as a profession and are characterised by a high level of diversity and a lack of statutory registration. Instead, voluntary umbrella organisations such as the British Association for Counselling and Psychotherapy (BACP) and the United Kingdom Council for Psychotherapy (UKCP) have developed criteria for accrediting counselling courses. Prior to the development of generic standards by these umbrella organisations, training courses were of widely varied quality, duration and emphasis.

Structure of training

Thorne and Dryden (1991) in their article "Key issues in the training of counsellors" reflected on developments in the training of counsellors and emphasised four different generic areas required within a training course: self exploration, clinical practice, acquisition of skills and theory.

- **Self exploration**

  Both personal and interpersonal development were seen as essential and linked to the development of effective practice.

- **Clinical practice**

  Clinical practice during training was referred to in two contexts. The first involved practising with fellow trainees in co-counselling pairs, incorporating a means of direct observation and feedback. However, its limited range, inadequate simulation of the issues of clinical practice and the impact on the boundaries and

relationships between students made this an inadequate method of training on its own.

Clinical practice placements provided the second context for learning. In their placements, students were able to implement their learning with genuine clients. However, the combination of clinical practice and training raises issues such as the different priorities of training and placement organisations the assessment of students, and ethical concerns about client protection.

- **Acquisition of counselling skills**

  Teaching individual counselling skills offers an opportunity to isolate and practise specific clinical skills within the training environment.

- **Counselling theory and academic content**

  Thorne and Dryden considered the role of theoretical teaching during training and suggested that it offered students a background for understanding the counselling process and developing a sense of safety and groundedness.

McLeod (2003) paralleled these elements and referred to the key components of counselling training as: theoretical frameworks, counselling skills and work on developing self-awareness. He also added:

- Teaching about professional issues, such as the principles of ethical practice, professional accountability, power and discrimination, case management and inter-professional working
- Supervised practice
- Research awareness.

These training components are widely accepted and recognisable in structure. However, according to McLeod (2003) they also contain a number of debates and dilemmas in respect of:

- Teaching counselling skills
- The development of self-awareness and its role in developing effectiveness
- Issues related to the teaching of theory
- The relationship between theory, research and clinical practice
- Models of assessment.

- **Teaching counselling skills**

A number of approaches to skills training have been developed over time such as: the Human Resource Development model (Carkhuff, 1972) and (Cash, 1984), the Microskills training approach (Wey and Goldwin, 1984); Interpersonal Process Recall (Kagan, 1984). According to McLeod (2003), these approaches used the same set of learning activities which involved learning the skill through receiving information, modelling, practising and reflection on practice, finally leading to the integration of the skill.

The area of teaching counselling skills has been more associated with humanistic and cognitive behavioural approaches than the psychodynamic and psychoanalytic models, which usually focused on developing personal qualities rather than skills. Wampold (2001) citing Goldfried (1980) referred to therapeutic skills and techniques as the specific ingredients of therapeutic process that require the lowest level of abstraction and may be used in a number of theoretical approaches. He suggested that emphasis in training should be placed on core therapeutic skills including empathic listening and responding and developing a working alliance. However Thorne and Dryden (1991) suggested that

the development of skills outside the clinical context is not sufficient for the development of effective clinical practice.

For me, this raises questions about the best context, or combination of learning contexts, that would enable students to learn the skills and transfer them to practice.

- **Self awareness**

Although the importance of self awareness and exploration can be related to 'common factors' research and the importance of the therapist to establishing a working alliance, the results of research on the relationship between personal therapy and the therapist's effectiveness have been inconclusive so far.

On the basis of statistical meta analysis and focus on the common factors in psychotherapy, Wampold (2001) suggested the importance of self awareness to working through one's own issues, understanding and conceptualising interpersonal and intrapsychic dynamics and learning to be self reflective about one's own work.

In addition, McLeod (2003) suggested that increased self awareness could develop a level of professional self care and prevent burn out as well as develop an empathic understanding of the role of the client.

Although an understanding of interpersonal dynamics can be seen as related to the development of a working alliance, there has been no research on the impact of groupwork on self-awareness. McLeod (2003) suggested that counselling training usually focused on the development of self-awareness, rather than on relational aspects of this awareness.

- **Theoretical teaching**

Although the need to develop a theoretical framework during training is widely accepted in the professional field, it raises questions about whether students should study one theoretical approach in depth or be taught to integrate several theoretical models (Halgin 1985;Beutler at al, 1987 – cited in McLeod 2003). Some of the issues related to the teaching of integrative models can be seen in the book "Handbook of eclectic psychotherapy" edited by Norcross (1986) where the contributing authors proposed methods of teaching an integrative mode, which may be summarised as:

1. Rigorous training in scientific method and the development of critical thinking.
2. Significant exposure and training in a number of major models in psychotherapy either in sequence or simultaneously.
3. An apprenticeship model – working under close supervision by an experienced practitioner.
4. Training in skills of developing the therapeutic relationship.
5. Substantial clinical practice.
6. Training in designing and performing psychotherapy process research.

On the basis of my own experience as a tutor, I think that a training programme modelled on this framework would be so extensive that it could not be taught within the usual time used for professional training. This raises a question about the methods of teaching that could achieve the sufficient breadth and depth within the usual time period for professional training.

Integrative courses don't usually teach a '*number of major models in psychotherapy either in sequence or simultaneously*' as this would result in a fairly superficial

theoretical understanding or technical eclecticism without a clear theoretical framework.

At present they mostly choose a particular framework for integration (for example Clarkson's five relationships model – Metanoia Institute – Lees, 2004) coupled with an emphasis on the personal development of the practitioner in the development of their own integrative framework.

Teaching theory within a single theoretical approach does not present the same challenge.

Sue Wheeler focused on training issues in her article "Training in a core theoretical model is essential" (1999). She saw the creativity and diversity provided by the different theoretical models as essential to the profession. She emphasised that the theoretical orientation was crucial in providing a model for understanding the personality and the nature of therapy, thereby informing the clinical practice. In her view, the theoretical orientation provided "coherence and internal consistency" to training (1999, p.196), which was far harder to achieve in integrative or eclectic training. She likened counselling and psychotherapy training to the developmental process of growing up and said that the core model provided both a framework for learning and a secure base for exploration.

She stated several reasons why training courses should adhere to the core theoretical model:

- Time. It would not be realistic for counsellors to become efficient in a number of different approaches during the usual period of time training takes.Assessment. Students needed to be assessed for competence in the model they had trained in and to understand the criteria of assessment.

- Supervision. It was important that the orientation of the supervisor and a student were matched, so that the supervisor was in a position to assess the skills and competencies of the student.
- Stance of the therapist and relationship with the client. Wheeler stated that the theoretical stance of the counsellor would be reflected in their relationship with a client, although she recognised that actual differences were debatable.
- Teaching staff were more likely to work as a cohesive team if they shared a theoretical orientation and they would therefore provide more consistent training for the students.

Most of the arguments in this article focus on the importance of consistency, integrity and safety during training, as provided by the core theoretical orientation. This view assumes that these qualities are translated into clinical work and fails to consider the possibility that a core generic model could be devised to provide the same levels of internal consistency.

An additional argument in the teaching of theoretical models refers to the issue of the choice of theoretical orientation. Hoshmand and Polkinghorne (1992) suggest that, from the cognitive developmental perspective, information processing is a personalised process of meaning making. This concurs with both Frank's suggestion in 1973 that therapy provides a rationale that needs to be accepted by both the therapist and the client and a study by Arthur (2000), which indicated that theoretical orientation reflects the therapist's personality and cognitive epistemological style. This reflects my own experience at MCPS. I have observed that students' personality styles broadly match their different theoretical approaches. Sometimes students moved from one course to another when they found that a particular approach did not

suit them. In my view, this raises questions concerning timing and ways of helping students to make informed choices about the type of training and the theoretical orientation best suited to them.

- **Relationship between training and clinical effectiveness**

This is an overarching issue related to the effectiveness of training in developing skilled practitioners.

Beutler, Machado and Neudfelt have reviewed studies relating 'therapist variables' to clinical effectiveness in the *Handbook of Psychotherapy and Behaviour Change* (Ed. Bergin and Garfield, 1994). These therapist variables included the levels of professional training and experience. They were often confounded with each other and the nature of therapeutic interventions, which made it difficult to separate the effects of training from other variables. Consequently, research studies have produced contradictory results. Some suggest that experience or the level of training have little impact on effectiveness (Ed. Auerbach and Johnson, 1977; Beutler et al, 1986; Stein and Lambert, 1984); others suggest that experienced therapists produce better results (Luborsky, Chandler, Auerbach, Cohen and Bachrach, 1971); yet others argue that paraprofessionals perform better than professional therapists Durlak (1979, 1981); Hattie, Sharpley and Rogers (1984). Meta-analysis by Berman and Norton (1985) and Weisz et al (1987) didn't demonstrate that training improved effectiveness. However, analysis of these studies indicated that the effects of therapists' training varied significantly as a function of certain characteristics of therapy (such as length of therapy) or characteristics of clients (such as age).

These results suggest the presence of a number of variables and the authors state that there is still a concern about the " uncertain relationship that exists between the amount

of training and the acquisition of expertise" (Bergin and Garfield, 1994,p. 250). Beutler and Guest (1988) have criticised the notion that training can be effective without specifically targeted skills and systematic instruction. Luborsky (1990) also suggested that acquisition of skills in psychotherapy is mostly related to the use of targeted goals, specific feedback and guided practice.

These studies demonstrate the importance of further research into the process of effective clinical training and the need to develop the research basis for it. They are also directly related to my own interest in undertaking this project. My experience of using CORE System at MCPS shows a variation in effectiveness between students' achievement and the national benchmarks set for qualified practitioners (CORE System, 2003). However, there remains the question of how clinical training might be facilitated to meet a consistent standard across different theoretical approaches.

Polkinghorne and Hoshmand (1992) reflected on this issue by seeking to redefine the science-practice relationship through the relationship between theory, research and practice. They stated that, from a post modern perspective, the science-practice relationship needed to be 'reframed into a unified, interactive system of purposeful enquiry and action. They referred to two sources of knowledge in clinical practice:

- Theoretical and research knowledge and
- Knowledge derived from the experience of practice.

Both types of knowledge needed to be used in clinical practice and be developed through the training process. Studies focusing on the knowledge processes involved in professional practice, such as Dreyfus and Dreyfus (1986) and Schon (1987) found that processes contained in 'expert practice' could be developed through trial, reinforcement and reflection. They implied that professional education should be focused on the

development of reflective judgement conceived within the concept of 'expert practice'. Advanced reflectiveness is contained within an action research model, defined as a capacity to engage in reflection in action – to keep alive a multiplicity of views of a situation (Schon, 1987). Kuhn et al (1988) proposed that this process could be assisted by reflective thinking in concrete instances such as clinical practice, which would promote both the application and the meta-cognitive awareness of the strategy itself and help with generalisation. This idea was supported by Schon (1987) who advocated the use of case studies and practical experience.

- **Assessment of competence during training**

Assessment of competence during training is related to the issue of the effectiveness of training. There is currently a wide range of assessment methods during training. Competence is normally assessed by tutors and, to an extent, supervisors using a number of methods. McLeod (2003) offers an overview of these methods, which include:

- Questionnaires and rating scales – these methods are more commonly used in research than training programmes
- Video and audio recordings.

Audio recording of clinical sessions is more commonly used in supervision and final assessment. Video recording may be used in the training process through co-counselling sessions. Live supervision through the use of two-way mirrors is currently used in systemic family therapy training. All of these methods raise questions about the representativeness of the work, confidentiality and informed consent by the clients and the impact of recording on the therapeutic process.

As a tutor, I often encourage students to video record their practice sessions within training (resources for this are available within the Metanoia Institute). Even though I think that these recordings provide an excellent learning tool, I find that, for students, they also create a lot of fear of exposure. To overcome this, I think that their use would need to be consistent within the training programme. Similar issues emerge during the use of audio recordings in supervision. I have found that a consistent use of this material within the supervision setting gives me a thorough insight into the work of individual students. This leads me to question the representativeness of the very brief, selected recordings in viva exams.

- Examinations and tests

An example of this method could be a 'viva' exam where students could demonstrate their practice in a co-counselling arrangement or by presenting segments of recordings of their work which are followed by questions in relation to the defined learning outcomes (as used in Transactional Analysis). In my experience as an examiner, although very thorough, this type of examination could have limits in demonstrating clinical effectiveness. It could also be limited by the experience and cohesiveness of the examination panel, as well as students' fears of this type of exam, which have little bearing on their expertise as a psychotherapist.

- Computer simulation

These methods are used to assess the skill of clinical decision making and case formulation (Berven & Scofield, 1980; Berven, 1987). They are not widely used for assessment in the UK but are employed more frequently as training tools.

For example, The Learning Resources team at the Metanoia Institute, headed by Richard Evans, developed a series of videos in 2002 to illustrate the concepts related to training modules and offered these as self-study packs to aid the process of development of case formulation skills. This method is now integrated into Person Centred Counselling training at the Metanoia Institute. I have also used it within TA Counselling training and recognise that, in order to personalise the learning and processing of information by students, it needs to be integrated within the overall training programme and with other methods of training and reflection.

- Learning journals and case studies

These methods are frequently used to support and assess the development of self-awareness in students. One of their disadvantages is their reliance on the perspective of the student and their writing skills.

As a tutor, I have found learning journals to be particularly inadequate as an assessment tool. Their standards vary and the level of emphasis placed on training issues and personal development depends on individual students. They rarely include a reflection on clinical practice. More structured essays such as 'supervised practice reports' within the Metanoia Institute, which have a clear cut aim of assessing reflection on clinical practice under supervision, offer a more thorough assessment tool. In my experience, one of the biggest disadvantages of learning journals and case studies is their reliance on writing skills, which does not take into account the different cultural and educational backgrounds of individual students.

- Personal psychotherapy

Although personal psychotherapy presents one of the major tools for the development of personal awareness, owing to issues of confidentiality and client protection, its effects are normally assessed only indirectly, apart from the psychoanalytic 'training analysis'.

In my experience, one of the elements not fully addressed by the different models of assessment is the area of clinical practice during training. The evidence from clients is not usually taken and the level of feedback required or received from placements varies. Sometimes the only evidence of fulfilment of training requirements is the number of clinical hours achieved by students. Clinical supervisors are not always a direct part of the training institution and their assessments of clinical practice vary. Only approaches such as systemic family therapy involve direct observation and supervision of practice.

Although there are a large number of assessment methods, their validity and reliability is not usually known. McLeod (2003) cites Purton who in 1991 observed that modes of assessment used on training courses reflected the philosophy of the training orientation. This may suggest that they may, in part, be assessing proficiency in a training orientation rather than readiness for clinical practice.

- **Developing research evidence for training**

The 'common factors' research and the integration movement has raised additional issues concerning the relationship between research findings and training.

So far, there is little direct translation of this type of research into specific training programmes, although the common factors are widely known professionally and an important component of relationally based training courses.

As the number of variables present in the therapeutic encounter may make it too difficult to isolate the effects of training on effectiveness in an experimental setting, and manualised treatments do not reflect the practice of psychotherapy, perhaps this issue might be addressed by developing research and evaluating training in more naturalistic settings.

An example of this is the research study developed by Armstrong (2003). He designed a study into training focused specifically on abilities related to 'common factors'. He constructed a short course for paraprofessionals, emphasising common factors and used the theoretical framework of a brief, solution-focused framework. He also evaluated the outcome of this training. Research results indicated the positive impact of the training on the development of counselling skills, personal development and the ability to handle difficult client behaviours, but the course had less impact on students' ability to deal with process issues, which Armstrong attributed to the shortness of the course. This brief training programme began to address issues of developing research-based training and indicated that more development was needed in the future.

CHAPTER 2: METHODOLOGY AND RESEARCH DESIGN

RATIONALE AND AIMS OF THE PROJECT

My task within this enquiry was to explore the scope for a new development within the organisation, which would be of benefit to students, clients and the organisation.
The rationale for this project reflects a number of themes and challenges present in the wider professional field, links to issues of organisational motivation and relates to my personal interests and professional roles.

On the basis of my experience and observations, and the relevant literature I had identified, I decided to explore the setting up of a generic foundation year, and the link between training and clinical practice. The gap I had identified was relevant to the effectiveness of clinical practice training and the need to create a double loop feedback between clinical practice and training. In the wider literature, this gap relates to the integration of the 'knowledge of practice' (Hoshmand and Polkinghorne, 1992) within the training process and the need to assess the effectiveness of training in relation to the acquisition of clinical skills. These aims led me to develop the enquiry in two parts: **(1) research into the generic foundation year**, in order to find the common ground in training in preparation for clinical practice and **(2) research into the use of clinical practice during training**, which I have framed as the development of the internship.
The organisational aim in supporting this research centred on the need to explore new strategic developments, such as the possibility of developing a generic foundation year in

psychotherapy and to address the gap between clinical practice and training. Initially, I also considered the possibility of a generic internship year, following the generic foundation training.

Wider questions about the process of training, the relationship between clinical practice and training and challenges of changing the organisational and professional culture emerged through my engagement with the process of research and developed the initial scope and aims. The project presents this process as a research-based reflection on the flow of personal and organisational learning and change within a framework of action research and internal consultancy. It results in a deeper understanding of the role of clinical practice in psychotherapy training and its potential for developing generic psychological therapy training and the assessment process during training.

The table below shows an overview of the factors and themes underlying the rationale and aims of the project:

PROFESSIONAL FIELD:	
Theoretical approaches:	• **Multiplicity of approaches** • **Drive to integration and obstacles to it**
Political context:	• **Issues of effectiveness and evidence base for clinical practice**
	• **Themes of professional survival and competition between approaches, organisations and individual professionals**
Training issues:	• **Role of theory in relation to skills training** • **Role of clinical practice in training** • **Questions about clinical effectiveness of training** • **Differences between counselling and psychotherapy training**
ORGANISATIONAL SYSTEM:	
Motivation:	• **Investigating the new development** • **Responding to the professional field** • **Innovation and improvement of effectiveness and services provided**
Structure:	• **Different training departments** • **Clinical Service (MCPS) as a common factor between the departments** • **Cross theoretical academic team as an integrating sructure within the organisation**
THE RESEARCHER:	
Personal motivation:	• **Seeking the common ground and understanding the differences**
Professional motivation:	• **Addressing the gaps between training and clinical practice** • **Ethical provision of services to clients** • **Multiplicity of roles within the organisation**
Professional roles:	• **Manager of the Clinical Service** • **Part of the Academic/Management teams** • **Clinical supervisor for two of the training departments** • **Tutor in one of the departments** • **Psychotherapist in private practice**

METHODOLOGY

My decision on how to conduct this enquiry was governed by the need to find the most appropriate methodology to hold the multidimensional nature of the enquiry and the challenges this entailed. I also looked at the advantages and disadvantages of enquiring into my own Institute and my multiple role as manager, member of the teaching team, researcher and potential agent of change.

An important advantage stemmed from the structure of the Metanoia Institute. The organisation already contained different therapeutic approaches, a difference between counselling and psychotherapy training and an internal clinical service – all an essential part of addressing the aims of the enquiry. In addition, the presence of different theoretical approaches and an integrative course suggested an openness to integrative ideas. This structure offered an opportunity to focus on the generic issues in psychotherapy and counselling from different theoretical perspectives. The organisational setting mirrored the wider professional context of training, where differing approaches coexist, competing for resources and collaborating in different professional networks. I hypothesised that this provided a good setting to reflect on wider professional issues.

The existence of the internal placement was also unusual, and meant that the organisation provided access to all the various aspects of the training process: a teaching setting as well as a setting for clinical practice and supervision within the internal placement (MCPS). It therefore fulfilled all the requirements for the potential development of the internship, presenting a unique opportunity for this enquiry.

My role within the organisation provided both an opportunity and a challenge. Being an internal consultant and a researcher while, at the same time, being a part of the

organisational system was full of complexities. On the one hand, it meant that I had in-depth experience and understanding of the organisation, its processes and the relationships within it. On the other, it meant that I might encounter a number of obstacles related to dual relationships and overlapping roles. My existing role and relationships also posed a challenge to maintain a critical stance while being immersed in the enquiry. Due to these existing relationships and my commitment to the organisation I realised that the enquiry might be particularly demanding on me personally.

Having considered these advantages and disadvantages, I concluded that carrying out the enquiry as a piece of internal consultancy led by organisational needs was worth looking at more closely, as it seemed to provide an important frame through which the various elements and dynamics of the enquiry could might be viewed. If my Institute were to be a place that might eventually experiment with a generic training programme, if the evidence supported it, then it would be important for it to be involved as a stakeholder in the enquiry.

The aim of the project had a potential to be controversial, both within the organisation and in the wider professional field. Issues of generic training, even when only related to the foundation year were likely to challenge the philosophy and the current structure of training. Issues related to the development of internship brought the clinical perspective into training and were again likely to challenge existing practice. As there was already a rich research background into the effectiveness and the common factors in psychotherapy I expected that extrapolating the content for the generic foundation year might prove to be easier than identifying and dealing with the contextual factors affecting change to the existing system. Because of this, I was particularly aware that I needed to find a way of

viewing the organisation as a whole and to use a systemic approach to understanding relationships between its different parts and the dynamic that would affect the process of change. From this position, purely quantitative and experimental methods of research would not be best suited to the setting or these aims, although there might be a role for quantitative methods to check the field and /or validate findings from qualitative data.

ACTION SETTING OF THE ORGANISATION

The project was taking place in a complex action setting and aimed to engage the organisation in the process of debate and change. The action research model seemed best suited to these aims and the context.

Because of my dual role as a researcher and a member of the organisation, I drew on the philosophy of the action science approach. I was able to connect to the framework of Schein's (1995) clinical enquiry because my task was inspired by organisational (client's) needs.

In the following section I will briefly present the principles of action research, action science and the issues surrounding the consultancy aspect of the project, focussing on clinical enquiry.

ACTION RESEARCH

The development of action research was influenced by intellectual and political thought, which aimed to use research to inform social practice.

The earliest modern notion about using science to address social problems may be credited to the American philosopher John Dewey (1933), who wrote about the need to make education more democratic and suggested that viable solutions to problems should produce outcomes in practice (cited in Passmore, 2001).

The origins of action research are usually credited to Kurt Lewin's (1951) work on field theory, the concept of 'open systems' by von Bertalnaffy (1950) and the contemporary critique of positivist science (cited in Passmore, 2001).

Although Kurt Lewin's work is more widely known as an originator of action research, according to Passmore (2001), both John Collier and Kurt Lewin used the term 'action research' independently of one another. Collier, in his work on improving race relations in the US (1933–45), expressed the belief that the only way of changing behaviours in groups of people was through participation. Lewin also believed in democracy and the participative approach to change. His development of field theory held that behaviour was influenced by its environment and led to the wider development of the action research model.

Systemic thinking emerged through recognition of the limitations of studying living organisms using only a positivist science approach. Scientists such as Weiss and Cannon (Flood, 2001) developed a counter position to the positivist science approach in the 1920s. In the 1950s, von Bertalnaffy developed an 'open systems theory', which stated

that an organism as a whole always existed in relation to its environment. The key concepts in the systems approach became:

- The notion of the interrelatedness of parts of the system
- Feedback occurred between the interrelated parts
- The concept of emergence – a notion that a system behaved as more than the sum of its parts.

The primary aims of the systems approach were to ensure survival and to secure desirable growth.

Although related to social and organisational thinking, systems approach rooted in biology tended to focus too much on the biological concepts of structure and function and seemed to be less relevant for thinking about social processes.

According to Flood (2001) the most influential aspect of systemic thinking in relation to human systems and organisations is found in the 'soft systems' theory, a form of systemic thinking that understood reality as a human construction developed through the process of interpretation and meaning making (Jackson, 1991).

This approach used systems theory as a hermeneutic tool in the construction of meaning and implied that understanding a system involved the understanding of meaning, social practices and actions taken.

According to this theory, the full understanding of any action context requires the participation of its stakeholders.

The soft systems approach is closely related to the concepts of action research, which Reason and Bradbury (2001, p.1) defined as:

> " *a participatory, democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes. It seeks to bring together*

action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities".

This definition is closely related to the aims of this enquiry:

- The increased effectiveness of training for students,
- The organisational development and
- Feedback to the wider professional context.

Similar to the systemic approach, Reason and Bradbury (2001) suggested that action research could not be defined only as a methodology, but as a worldview and a specific set of practices that emerged in the interplay between researchers, context and ideas, drawing on a number of methodologies, both quantitative and qualitative. Action research has been developed widely and used in diverse approaches, from quantitative research in the field context to organisational consultancy work. Reflecting on this diversity, Reason and Bradbury (2001) have formulated three broad pathways to action research:

- 'First person action research methods and practice skills' refers to the ability of the researcher to extend the approach of the enquiry to their own life, to act with awareness and, simultaneously, to asses the effects of their action. The personal and professional data I have brought to this enquiry (Chapter 1) have been with me throughout. They form the basis of my critical commentaries and reflexivity.
- 'Second person action research methods and practice skills' concerns our ability to enquire with others into issues of mutual concern. This includes the development of communities of enquiry and learning organisations. The second person action research methods in this enquiry relate to the organisational aims and impact. For example, in order to facilitate this development and create a

community of enquiry within the organisation, I needed to find a way of including the views of students and professionals who might have different perspectives on the training issues, and be affected by them in different ways.

- 'Third person action research methods and practice skills' aims to create a wider community of enquiry through writing and reporting about the process and outcomes of the research. This enquiry reflects questions present in the wider field of literature and in the current professional climate and aims to make a contribution to the wider field of knowledge.

I aimed to explore and initiate change though my own participation in the system (First person action research methods). I recognised that the organisation and its wider professional context were interrelated and that I needed to find a way of reaching out, both within the process of enquiry and afterwards, through third person action methods and skills.

These aims led me to the action science approach within action research.

ACTION SCIENCE

Action science as an approach to action research was first developed by Argyris, Putnam and Smith (1985) as a method of integrating practical problem solving with theory building and bringing about change within organisations. Argyris et al (1985), cited in Friedman, (2001,p. 159) defined it in the following way:

" *Action science is an enquiry into social practice, broadly defined, and it is interested in producing knowledge in the service of such practice.*"

The aim of the action scientist is to be:

"*an interventionist who seeks both to promote learning in the client system and to contribute to the general knowledge*" Argyris et al (1985), cited in Friedman, 2001, p.159).

Friedman (2001) summarises some of the key features of action science as: creating communities of enquiry within communities of practice; building 'theories in practice', combining interpretation with rigour by making the process of interpretation explicit and open to public scrutiny and creating alternatives to the status quo. Each of these features relates directly to this enquiry.

- **Creating communities of enquiry within communities of practice**

  This concept is based on the notion of a scientist practitioner. It aims to research practice and help practitioners discover the tacit choices they have made. Researching practice was an important dynamic within this enquiry and essential to the process of facilitating change.

- **Building 'theories of practice'**

  Action science aims to make practice theories explicit, so that they can be examined. In this enquiry I aimed to facilitate the examination of the training practices and theories in use, particularly in relation to generic training and the use of clinical practice during training.

  Argyris (1995) made a distinction between theories in action, which provided a framework for the chosen strategies within an organisation, and the theories actually

used in organisations, as well as the possible mismatch between the two. He described two models of theories in use.

Model I is governed by particular values relating to individuals and organisations:

- Achieving the intended purpose
- Maximising winning and minimising losing
- Suppression of negative feelings
- Behaviour according to what is considered rational.

The usual strategies arising from these values are:

- Advocating of one's own position
- Evaluation of the thoughts and actions of others
- Attribution of causes to the issues one is trying to understand.

The consequences of these strategies, according to Argyris, are likely to be defensiveness, misunderstanding and self-fulfilling prophecies. On the organisational level, these defensive procedures prevent participants from experiencing any embarrassment, but also inhibit double loop learning and overprotect individuals in organisations. Because defensive routines are both individual and organisational, it means they cannot be changed independently of each other. Usually the individual's sense of competence is linked to organisational defensive routes and any attempts to make changes triggers defensiveness. Model I theories in use are usually so internalised that they are taken for granted in organisations.

Opposing them, are **Model II** theories in use based on values of:

- Valid information
- Informed choice

- Vigilant monitoring and implementation.

The most prominent behaviours related to these values are to advocate, evaluate and attribute. As a consequence, defensive routines are minimised and double loop learning is facilitated.

Argyris suggested that, in order to intervene in the system, it was important to discover the Model I theories in use and the degree of defensive routines within an organisation. Re-education and change programmes could then be developed, offering directly observable data and encouraging clients to examine inconsistencies and surface theories in use and producing opportunities to practice.

The concept of theories of action is of particular importance for this enquiry. It reflects the notion that there could be a mismatch between the overt theories of action, which have informed strategy, and the actual theories in use, some of which could undermine the development and implementation of overt aims. The use of action science in this enquiry could lead to an understanding of the organisational culture as well as of the wider professional system and might be used to initiate change.

Schein (1992) defines organisational culture as a pattern of basic assumptions invented, discovered or developed by the group as it learns to deal with external adaptation and internal integration. This culture needs to have worked well enough to be considered valid and taught to new members as the correct way to perceive, think and feel in relation to these problems (cited in Riordan 1995). According to Schein any change to the culture needs to be based on an operative theory of action and to overcome blocks to learning through a process of intervention and interaction.

- **Combining interpretation with rigour by making the process of interpretation explicit and open to public scrutiny.**

In action science, the researcher is not just an observer. According to Riordan (1995), the distinction between the observer and the participant is not workable because, in order to truly understand activities and systems, the researcher needs to participate in them and this demands entering into the value system of the client.

This poses a particular challenge to the researcher: to maintain a critical, analytical stance whilst being an engaged practitioner within the system. In order to maintain a critical stance, the researcher needs to be able to reflect on her or his own reasoning process, to treat her or his own knowledge of a situation as a hypothesis and actively test hypotheses through the process of enquiry and action. This relates to the concept of the reflective practitioner developed by Schon (1983).

This type of observation becomes an intervention and generates learning within the client system.

- **Creating alternatives to the status quo and informing**

The aim of action science is to create and facilitate the process of change. As such, it involves a continuous process of 'social experimentation'.

This aspect of research science is closely related to the aims of this enquiry, which centred on creating an alternative training structure whilst engaging in the process of developing knowledge within the organisation.

CONSULTANCY

Concepts of internal consultancy and clinical enquiry are particularly relevant for this project. They stem from my position in the organisation and the dynamics emerging from it. In 1998, Berragan set out definitions of consultancy and the differences between the internal and external consultancy models.

Caplan (1970), cited in Berragan (1998) defined consultancy as a process in which help is sought from a specialist to identify a way of dealing with work problems, planning and the implementation of programmes in organisations. Generally, consultancy is a problem solving approach through which a consultant becomes a catalyst for change. Lippitt & Lippitt (1977), cited in Berragan (1998), state that change and learning are the ultimate goals of consultation. Organisations typically use two different models of consultancy – external and internal.

The external consultant is usually a person independent of the organisation. Schein (1988) describes this model as 'purchase of expertise' or a 'doctor-patient model'. External consultants tend to practise independently and see their role as entrepreneurial, often driven by the ethos of business (Keane, 1989, cited in Berragan, 1998).

The role of an internal consultant is different and has been used within the nursing profession, particularly as a Clinical Nurse Specialist (Berragan, 1998). Internal consultants tend to fulfil a number of roles – practitioner, innovator, change agent and consultant (Wright, 1992, cited in Berragan, 1998).

One of the critical differences between the roles of internal and external consultant, according to Berragen (1998), is related to the ownership of direct responsibility and closeness to clinical practice.

Because of their involvement in the system, internal consultancy projects, according to Price (2001), are likely to be highly authentic and take account of issues missed by an external consultant. She cautions that internal consultants need to enter the project with *'minimum disruption and maximum integrity'* and to be aware that their intervention is likely to cause dissension, since health professionals often treat their department as a territory. Because of this, she suggested that it was important that the internal consultant was not a stakeholder or a competitor.

As a manager of the clinical service, although engaged on a senior management level with heads of academic departments, I was not a direct competitor for resources. MCPS provided a service for all departments. However, I was a stakeholder in the development of the clinical service where I also held the clinical responsibility for clients coming into the organisation. I was aware that this fact could influence some of the underlying dynamic of the enquiry and create resistance. It also meant that I had a particular knowledge of the system from the inside and from an angle not shared by other members of the management team. This would enable me to have a fresh outlook.

Price concludes that internal consultancy is appropriate when it is agreed by the group. The consultant provides a number of services for the group and report writing is usually incremental and for the consumption of the group. There is, therefore, a close link between the enquiry and organisational need. At the Metanoia Institute I agreed to provide reports on the enquiry to the management team as the process progressed.

Price suggested that internal consultancy could be used in different project types, such as: process consultancy, evaluative report, feasibility report and cost-benefit analysis.

- Process consultancy. Process consultancy was the primary purpose of this enquiry. According to Price (2001), process consultancy is related to change

management and is particularly useful when the problem is poorly defined and the consultant assists the group with problem solving. However, the responsibility for change remains within the group. She warns that the consultant must be sensitive to the impact of change on particular stakeholders and mindful of ways in which influential group members may set the agenda. I intended to use my role of internal consultant to engage the organisation in the reflective process and to facilitate the process of change.

- Evaluative report. This type of consultancy involves a balanced examination of a service, project or initiative, which needs to be reviewed. Although my research aimed to develop a new programme, part of the process would involve the evaluation of the existing training.
- Feasibility report. This type of consultancy is designed to help with the decision-making process. I expected that the feasibility aspect would be explored when we reached the stage deciding whether or not to implement the project.
- Cost benefit analysis. This focuses on creating a report designed to assist the decision making process. Although not my specific brief, I expected that, as a member of the management team, I would be involved in any discussions about cost benefits of any new developments.

The concept which links consultancy to action research is 'clinical enquiry', developed by Schein (1995). He referred to 'process consultancy' as being synonymous with 'clinical enquiry'. The concept of clinical enquiry stresses the importance of 'client need' (an individual or an organisation seeking help), which drives the research. Clinical enquiry sees the client as the ultimate owner of the process. Schein argues that this model is particularly suited to organisational development projects and is more likely to reveal

the most important organisational dynamics. In this case, 'the need' of the organisation was a developmental issue linked to the field conditions.

Schein suggested that this type of enquiry is usually more restricted in focus because of its link to organisational needs, and is 'deeper' and produces more valid data than the researcher-initiated model. The researcher has a responsibility to find a way of checking the reliability and validity within the parameters of intervention. Schein suggested that valid data are the result of effective helping, and suggested two criteria for checking validity:

- The continuous process of developing and testing hypothesis (which I will reflect on in the chapter dealing with the methods of enquiry)
- The replicability of the process.

Linking the research process, developing knowledge and the process of change, Schein referred to Lewin's dictum that one understands the system best by trying to change it.

ENQUIRY DESIGN

In considering the design of the enquiry, one of my main challenges was to address the organisational task of the viability of a new development for the organisation, while taking account of the themes and dynamics that might arise if the findings of the enquiry were implemented.

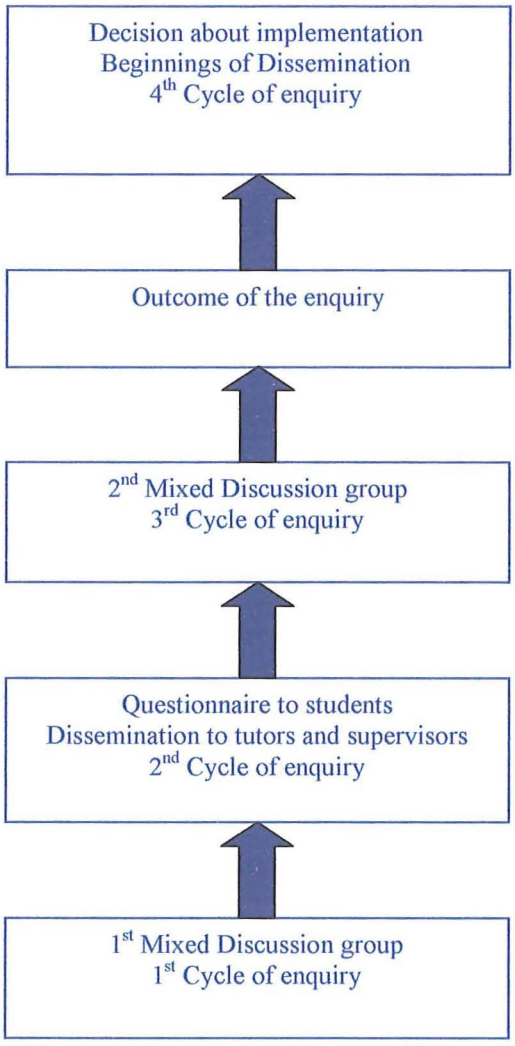
Immediately prior to starting the enquiry, the following experience brought it home to me how difficult it was going to be to address both these demands:

I presented the initial ideas about the project at the Metanoia Institute in October 2001 to both the management team and the board of trustees. My presentation was met with a lot of interest and enthusiasm, prompting further ideas that seemed to widen the enquiry far beyond its initial scope. I was both encouraged and overwhelmed by this response and wondered about the reasons for it. I hypothesised that presenting a collaborative research widened the sense of ownership – the enquiry had a potential impact on the future of the organisation and was also sponsored by it. Themes within the enquiry resonated in different ways with different participants and I began to recognise that staying focused within such a wide enquiry was going to be challenging.

The design of the enquiry changed as the process unfolded. I will present these changes and reflect on the methods used.

1. INITIAL DESIGN

Having considered the aims of both parts of the enquiry, my initial design involved four cycles of enquiry linked throughout the process. At this stage, I intended to repeat the same format of the enquiry for each part – the generic foundation year and internship. A discussion group was intended as the central point for reflection. It would initiate the first cycle of the enquiry and focus it back in the process prior to implementation stages. The following is an overview of the initial design.



- **First Cycle of enquiry – discussion group**

I intended that the membership of the first discussion group would be composed of Heads of academic departments at the Metanoia Institute and senior practitioners external to the organisation. Their task initially would be to focus on finding out whether it would be possible to develop a training structure for the generic foundation year in psychotherapy, leading to the internship.

- **Second Cycle of enquiry – questionnaires**

I aimed to widen the collaborative base of the enquiry by involving as many participants within the organisational system as I could reach. For this reason, I wanted to use the questionnaire format. I particularly wanted to target students who were in their third year of psychotherapy training and so had personal and recent experience of the issues of starting clinical practice within placements. I expected that the analysis of questionnaires would highlight areas that needed further reflection and would inform the discussion at the next cycle of the enquiry.

- **Third Cycle of enquiry – discussion group**

This discussion group would have the same membership as the first group. It would reflect further on areas highlighted by the previous cycles of enquiry and might lead to the development of a training proposal, if the enquiry to date showed this to be viable. This would lead on to the next cycle of the enquiry.

- **Fourth Cycle of enquiry – Implementation and dissemination**

Setting out a full implementation programme was not within the scope of this project, although I was clear about my commitment to the organisation to see through any changes that might arise from the enquiry. As in any internal consultancy project, the findings and the analysis of the enquiry would be presented incrementally to the management and the academic team. To reach implementation stage, the project would also need to be proved feasible and cost effective. Following the decision to implement any findings of the enquiry, the actual process of implementation would be gradual and would involve both the management and the tutor team. Implementation would lead to

wider dissemination in the professional field through conference presentations and publications.

2. DESIGN CHANGES

The first obstacle in developing my initial design occurred at the very beginning of the enquiry, in January 2002.

My initial aim was to have a mixed discussion group with membership from within the Metanoia Institute and from other organisations. However, I was unable to engage external participants. People who were interested in participating were not able to commit the time to attend a group meeting, although some indicated that they were willing to offer an interview. Many didn't even respond to my calls and letters. I hypothesised that I had attempted to start the enquiry using parameters that were too wide. The project was an internal consultancy. The research question emerged within the organisational system and, because of this, the motivation within the organisation to participate was relatively high. The fact that external professionals would not be motivated to the same extent was understandable. Although sharing the same wider professional milieu, professionals external to the Metanoia Institute did not participate within the organisational action context and were not stakeholders in it. This clarified the focus of the enquiry as an organisational case study. I also needed to clarify the two particular areas of the enquiry, the generic foundation year and internship, and to demonstrate clearly how they related to each other.

I therefore decided to focus the enquiry using an internal discussion group. I considered that the most suitable group should reflect the views of different approaches to

psychotherapy within the Metanoia Institute and should be aware of the wider contextual issues related to these theoretical approaches and to training. Members should be trainers themselves, concerned with specific issues involved in teaching at the foundation level of training.

People who fulfilled these criteria were the heads of training departments and foundation year tutors. The theoretical approaches included Gestalt, Transactional Analysis and Integrative psychotherapy courses. This group formed the first cycle of the enquiry, with the initial task of reflecting on the development of the generic foundation year in psychotherapy training. As discussion developed, early questions were raised about differences between counselling and psychotherapy. This is why I decided to invite the head of the person centred counselling programme to join the second discussion group. The change of design, from a mixed to an internal discussion group, provided a clearer focus for the aims of the enquiry and reflected its organisational context.

However, from a systemic perspective, a purely internal enquiry would not reflect the full complexity and interrelatedness of the field of psychotherapy training. To ensure replicability, according to Schein (1995) I needed to check my ideas in the wider professional field.

For this reason, I decided to involve external practitioners but, instead of doing this only through questionnaires or in the discussion group (as I initially planned), I used semi-structured interviews. This would add depth to the process of the enquiry in that the views of the external practitioners would be analysed in relation to the internal discussion group

I conducted interviews with practitioners from humanistic, psychoanalytic and cognitive behavioural approaches in order to represent the three major streams of theoretical

approach. To represent different organisational contexts of psychotherapeutic training, I involved practitioners from different organisations – universities, independent training institutes and the National Health Service.

The majority of practitioners I interviewed were supervisors as well as tutors, as were all of the discussion group members. For this reason I decided not to use the additional questionnaires for supervisors as it would only increase the bulk of data without necessarily giving me any additional information. I also knew that if the project reached the stage of implementation, tutors and supervisors would become directly involved with the project and have an opportunity to shape it as stakeholders in the system.

The participants I still aimed to reach by questionnaire were students. The questionnaire would be based on the analysis of the previous cycles of enquiry and students' responses would lead to more reflection by the discussion group.

My initial aim was to use the same research design for both parts of the enquiry – the generic foundation year and the internship. However, as the enquiry unfolded I decided to revise my methodology.

I included preliminary questions about the internship in the interviews about the generic foundation year, as I was aware of different levels of research and theoretical literature referring to this subject. I was beginning to hypothesise that the internship was an underdeveloped area of study within the psychotherapy field and that organising additional in-depth interviews might not be the best format to follow. In-depth interviews would only be a useful source of information where there already existed a significant amount of knowledge and experience, or where there was a need to compare and analyse potentially conflicting professional views.

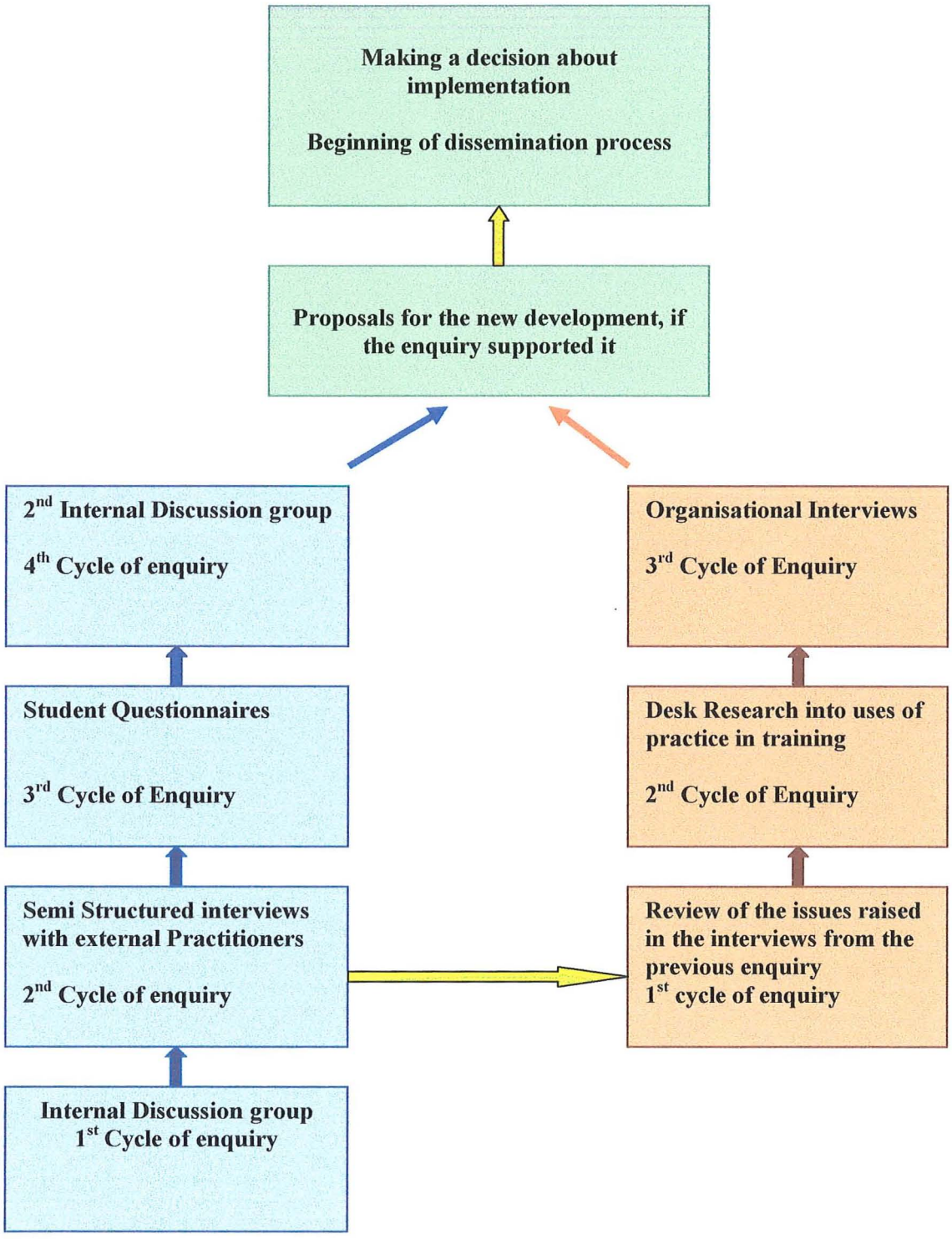
During the first part of the project, I realised that the subject of internship invited some interesting comments by the interviewees, but these were limited in scope even though they came from very senior practitioners. I hypothesised that this reflected the current state of the field in psychological therapies training. The relationship between training and practice, as I had envisaged it, was a relatively new concept in the UK.

For this reason, and in order to explore the issues relating to the concept of internship, I needed to expand the enquiry into other professional fields.

To do this, I decided to use an extensive desk research to look at how related professions such as medicine, clinical psychology (both in the US and UK), counselling psychology and other universities used practice as a method of training.

In order to gain more in-depth understanding and insights into the practice, process and themes involved in the internship, I also wanted to examine practice in organisations where elements of clinical practice and training were combined. To do this, I used the format of semi-structured interviews to gain a more in-depth understanding of the issues involved and to find a way of reflecting on them as they related to both my own experience and the issues raised by the desk research.

The overview of the actual enquiry is represented in the following figure:



Generic Foundation year enquiry

Internship enquiry

3. REFLECTION ON METHODS OF ENQUIRY AND ANALYSIS

My understanding of the organisation as a system influenced my choice of the methods of enquiry and analysis. In order to realise the aims of the enquiry, I wanted to understand how different stakeholders in the organisation related to the questions raised by the research. In relation to generic training, I needed to understand current theories in use within the profession and how they these might affected this development.

Methods I used during the enquiry were primarily qualitative, although I used some quantitative measures in order to reach the students as a part of the system. The methods of analysis reflected Schein's (1995) criteria for validity in action research and involved a continuous process of developing and testing hypotheses through a process of enquiry and action.

Within the enquiry, I used the discussion groups, semi-structured interviews and desk research. To reach groups of students I used questionnaires.

Discussion Groups

Group discussions offer a potential for a high degree of reflexivity, the creation of ideas coupled with the potential for developing collaboration. They often generate ideas that go beyond individual levels of knowledge and increase the depth of discussion. The dynamic of the group process can create conditions for the emergence of ideas, as well as uncover theories in action within the context. For this reason, I wanted to use a group as the central point for reflection and discussion of issues at different stages of the enquiry. I wanted to use this method particularly with senior psychotherapy practitioners and tutors. I hypothesised that their professional expertise would enable them to focus on the generic

psychotherapy skills needed in the training of beginning practitioners and that their different approaches would highlight areas of professional consensus as well as differences in the field.

- **Methods of analysis**

In order to address the aims of the enquiry, I analysed both the content and the process of group discussion.

- Content Analysis

I planned to use content analysis to extrapolate identifiable training categories, skills, theories and methods of assessment as they related to the organisational task. In the first part of the enquiry I wanted to use the cumulative knowledge of the group to create a specific but wide training framework that could be used for reflection and comment by other participants in the enquiry and become the starting point for developing the generic foundation year and internship. I also wanted to compare the ideas raised by the group to the research findings to date and identify areas of consensus and areas in need of further reflection and/or research.

- Analysis of group process

I wanted to analyse the group process to identify the psychological dynamic of the group and its impact on the discussion as well as the wider themes that emerged from it. The diversity present in the psychotherapy field and allegiances to different theoretical models were likely to influence the discussion, highlighting areas of conflict and resistance to the development of generic training. In order to analyse this process, I needed to use the psychotherapy skills of reflection and awareness of psychological as well as social levels of communication (Berne, 1961, 1966). I

envisaged that this type of analysis would bring into focus broader factors and themes related particularly to the mismatch between theories in action and the theories in use in the field relating to this project.

Semi-structured Interviews

I needed to have a method of analysing issues emerging from the internal organisational system and of relating them to the wider field. For reasons of validity, I wanted to separate the wider themes reflected in the organisation from idiosyncratic internal issues. To do this, I used the format of semi-structured interviews with senior practitioners in related areas of psychotherapy and counselling training. In order to create a link between the interviews and the discussion groups, the interview structure was loosely based on the themes reflected on by the discussion group, while giving interviewees scope for individual reflection.

As the enquiry unfolded, it resulted in different methods being used for the enquiry into the generic foundation year and for the internship enquiry. It also led to a different approach to the use of interviews in the internship enquiry. Instead of interviewing senior psychotherapists and tutors, I had a group interview at one of the placement organisations outside the Metanoia Institute and an interview related to the apprenticeship model in a mental health charity. The methods of analysis used followed a similar pattern in both parts of the project.

- **Methods of analysis**

I analysed both the content and process issues arising from the interviews. Analysis of the content was based on the structure of the training programme in relation to areas of skill, methods of teaching and the assessment process.

Analysis of the process offered reflection of the main issues and the themes emerging from them, related to professional theories of action. I hypothesised that process issues reflected themes present in the wider professional field.

Questionnaires

The questionnaire as a method, offers an opportunity to reach a wide group of participants who would not necessarily take part in more time-consuming methods of enquiry. In this case, this was the body of students within the Metanoia Institute. In choosing the format for questionnaires, I considered open and closed questionnaires and their advantages and disadvantages (Barker; Pistring; Elliott, 1994). I envisaged that the qualitative methods used so far – group discussions and semi-structured interviews – would provide an opportunity for in-depth analysis of issues, as well as create a large body of data. The format of closed questionnaires would restrict the depth of answers. However, it would address the aims of the project by widening participation and maintain focus by providing responses to specific questions. I attempted to balance the restriction in depth and the opportunity for individual expression by ensuring that the content of questionnaires was broad.

- **Methods of analysis**

In considering methods of questionnaire analysis, I was influenced by David Shapiro's specialist seminar, which I attended in May 2002 (Appendix 9). He presented a concept

of using mixed methods in research and suggested that the use of both quantitative and qualitative data could provide a balance of data in any research. In considering this, I reflected on the nature and scope of my own enquiry. As the project was not focused on measuring responses but on inquiring into professional trends and opinions, it was primarily qualitative. The statistical analysis I could meaningfully use in analysing questionnaire results could only be descriptive, because the answers illustrated opinions rather than measured facts about clinical practice. As such, it would add a particular angle of reflection to the analysis of the interviews and group discussions.

I decided to use descriptive statistical analysis as a comparison with and an added dimension to the qualitative data from the discussion group. I hoped that this type of analysis would highlight any differences and/or similarities between theoretical orientations and point to any differences in views between students and their tutors.

Desk Research

I used desk research in the second part of the enquiry into the use of practice within training in related professions and analysed how this compared with training in psychological theories.

- The enquiry took place in a complex action setting. Issues of allegiance to theoretical departments, and collaboration within the organisation, reflected the structure of the wider professional field of psychotherapy counselling and training. At the same time, the Metanoia Institute is a unique organisation and a system in itself. One of the challenges of the enquiry was to understand links and distinctions between the internal organisational system and the external professional field. I also wondered how the enquiry would impact on the organisation. As a psychotherapist, I was aware that asking questions and the process of reflection could initiate change and potentially destabilise the system. Because of this, I wondered what ethical issues the enquiry would encounter.
- The researcher as an internal consultant. At the beginning of the enquiry, I wondered about the challenge of my multiple roles in the organisation and this project. How will the project affect my current work and relationships with my colleagues? Will I be able to continue to belong in the organisation, while also questioning some of the concepts at the core of its structure – such as belonging to a theoretical orientation? My role within MCPS provided a degree of detachment, but I was a stakeholder in any potential change that might develop from the research. Although not in direct competition with any of the training departments, I questioned the impact of these dual relationships and the challenge they posed to my personal and professional boundaries. In undertaking this project, I had made a substantial commitment to the organisation and I feared the scale of the task ahead, as much as feeling excited by it.

ETHICAL ISSUES

In thinking about the ethical issues involved in this project I have considered issues of **inclusiveness, power and confidentiality.**

Students are not commonly involved in the design of their training courses. In part, this is understandable in view of their position in the field. Students need to be able to rely on the expertise of tutors and teaching institutions to provide relevant training and to structure the learning experience. However, with their direct and current experience of the system, students have invaluable information and feedback to offer their tutors. In thinking about this, I was particularly influenced by Kim Etherigton's specialist seminar (Appendix 5, 12/11/03) and her involvement of clients in research into the process of their psychotherapy. Her personal involvement, depth of ethical considerations and rigour were both inspiring and sobering in terms of the level of commitment that my research would require of all parties. Although I wanted to reach the wider group of students, which precluded the in-depth involvement of participants as co-researchers, the principle of student feedback and involvement was an important ethical issue and was reflected in the final design of the new training programme.

The other ethical issue I considered was inclusiveness and the sharing of power and information with the participants. I wanted to engage participants in collaboration rather than create a research relationship, which emphasises the division between the researcher and subjects.

In this case, issues of power were related to the fact that I was not an external researcher at the Metanoia, but a manager and therefore a part of the hierarchical infrastructure of

the Institute. This gave me access to resources within the Institute and provided space where I could present my research, both to management and training staff. Potentially, this could affect the response to the enquiry and perhaps affect attitudes towards me as a colleague. Issues of power would be most present in my contact with students, who already knew me as someone in a position of authority and used me as a transferential object. To avoid this, I disseminated questionnaires through tutors and made sure that they were confidential both to me and to the public.

The issue of power with the external interviewees was different. I was very aware of the seniority of my interviewees and how precious the time was that I was given. The balance of power seemed to be in the reverse. This affected my thoughts on confidentiality in the early stages of the research. I recognised a conflict between wanting to honour and publicly credit the contributions my interviewees were making (possibly giving more credibility to my own findings) whilst respecting their confidentiality. Initially, I asked their permission to include their names and backgrounds but realised that I needed to rethink when one of my interviewees, after giving permission, substantially changed the transcript of the interview. I recognised that the level of personal exposure in the interviews was still significant. Indeed, most people say more in a confidential dialogue than they would necessarily want to be made public (Silverman, 2001). With this in mind, I have kept all personal details confidential.

All my interviewees have had copies of their transcripts and were asked to make any changes that they felt were appropriate and add any comments that they might wish to make. All were sent my analysis of the findings.

Following the discussion groups, I sent the analysis of the content and summary of the discussion for approval to all of the group members. In addition, all were sent copies of

the discussion transcripts. The involvement of both the discussion group participants and interviewees was limited due to their availability and their levels of commitment to the enquiry.

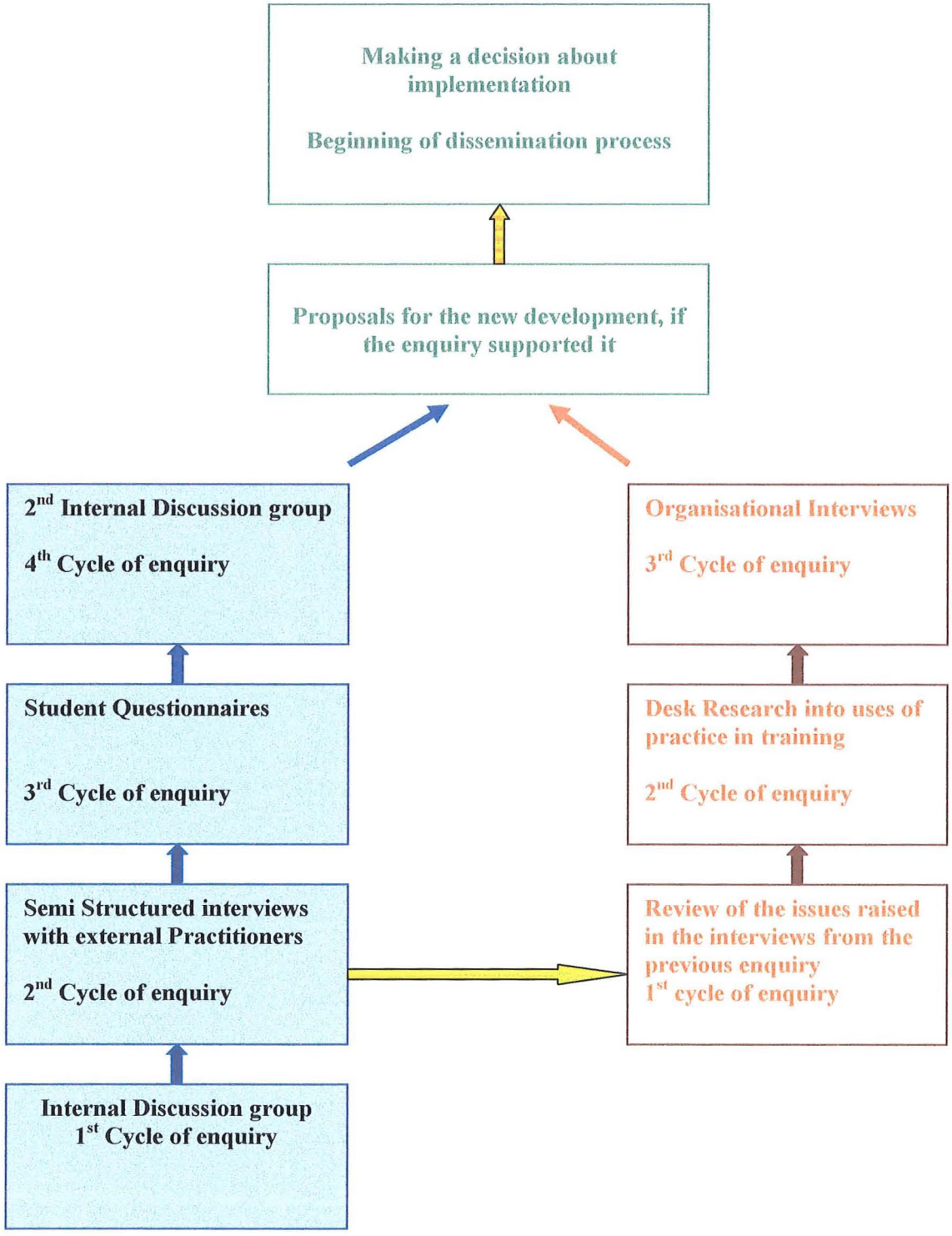
As the enquiry progressed, it became apparent that reflection on the process of organisational discussion and change was becoming an essential part of the project. This raised the question of organisational confidentiality and protection. I dealt with this by ensuring that names of individual departments and titles of participants remained confidential. The only exception to this was in the pilot project designed after the decision was taken to implement the findings of the enquiry. After asking their permission, I have included the title of the TA department and the names of contributors to the new training proposals in Appendix 2. I have protected organisational confidentiality by not transcribing the management discussions regarding feasibility and implementation issues. I have only referred to the themes and decisions that resulted from them.

I have informed the management team about this change of focus, both in writing (Appendix 4.3) and by inviting questions and feedback in the meeting.

Finally, the enquiry raised issues of difficulties inherent in the process of internal consultancy. I have found myself facing not just the academic and organisational issues related to my subjects. I experienced the responsibility of initiating a process of change, and found myself identified with that change within the organisation, through the unconscious group processes and projections. This was extremely demanding, both personally and professionally, because it entailed dealing with different levels of conflict on a long-term basis. The process of research challenged my role and my relationships within the organisation. Looking back at this process, I recognise that a project like this

raises issues of protection for the researcher – both personally and professionally. Internal consultancy is a very public undertaking within an organisation, and I experienced a high level of visibility, with all its potential for projection, competition and shaming. In order to deal with the stresses, I relied on my personal resources and on professional supervision. With hindsight, I realise that I would have benefited from more specific, structured support.

CHAPTER 3: ENQIRY INTO THE GENERI C FOUNDATION YEAR



Generic Foundation year enquiry

Internship enquiry

1ST cycle of enquiry 1st Discussion group January 2002	2nd cycle of enquiry External Interviews February –May 2002	3rd cycle of enquiry Student questionnaires September 2002	4th cycle of enquiry 2nd Discussion group

Timeline of the generic foundation year enquiry

FIRST CYCLE OF ENQUIRY –DISCUSSION GROUP

The first discussion group took place on the 31.1.02. The group had five members and was video recorded. The members represented psychotherapy departments at the Metanoia Institute – Integrative, Gestalt and Transactional Analysis. I asked them to consider what the generic foundation year in psychotherapy would contain and what the structure and assessment process of such a year might be. The discussion took 2.5 hours. My role in the group was to facilitate the discussion and chair.

Following the group discussion, I analysed both the content and the process of the discussion. On the basis of the content analysis, I formulated the initial proposal for the structure and content of the generic foundation year (Appendix 3.1). I used this proposal to create a framework of therapeutic skills, theoretical knowledge, areas of personal development and methods of assessment, which I used as a basis for the content analysis of the next cycle of enquiry – semi-structured interviews.

1. CONTENT ANALYSIS

The content of the group discussion involved:

- Focus on therapeutic skills, personal development, areas of theoretical and professional knowledge and attitudes, and assessment in the generic foundation year. This reflected the most common structure of training referred to by Thorne and Dryden (1991) and McLeod (2003) and the structure of all training courses at the Metanoia Institute.
- The group suggested the development of basic therapeutic attitudes and skills and a focus on developing self-awareness and interpersonal skills as overall aims for the year. This followed the research on 'common factors' and a focus on the role of the therapeutic encounter and the therapeutic relationship in the process of psychotherapy.
- Overall, the suggested training model was based on teaching increasing levels of complexity over a period of time. A generic foundation year would provide a basis and would '*sow the seeds*' for the rest of the training process. The outline of the detailed training structure suggested by this group discussion is available in Appendix 3.1.

- **Skills training**

The first aspect of training discussed and agreed on by the group was skills: assessment skills, basic counselling skills and skills related to the establishment of the working alliance.

There was relatively little disagreement about skills at this level of training. This reflected the view of Wampold (2001) and Goldfried (1980), that the same skills could be used by a number of theoretical approaches because they required the lowest level of abstraction,. Skills identified as generic by the group concurred with Orlinsky and Howard's (1986, 1994) generic psychotherapy research. They involved some form of problem presentation, expert understanding and a level of cooperation between the therapist and the client. However, as skills are more commonly cited in humanistic and cognitive behavioural therapies (McLeod, 2003), the lack of the purely psychoanalytic approach within the group may have affected the ease of agreement between the group members. The discussion also **highlighted some differences between the approaches**, particularly in areas of specific skills related to a theoretical approach (for example Gestalt emphasis on body awareness, or focus on interpretation by the more psychodynamically oriented integrative approach).

Ways of dealing with differences in the group included attempts to translate the skills generically and acknowledgement that some skills were approach-specific and would need to be taught in later, approach-specific training. This process of **translation** is described as a way of dealing with the linguistic barriers to integration by Goldfried, Castonguay & Safran (1992) and involves recognising areas where different professional languages describe the same therapeutic skill.

- **Personal development**

The aims of personal development were emphasised by the group. Personal development was seen as essential to training in terms of developing the ability to form a therapeutic relationship and to hold the dialectic tension between containment and uncertainty in the

therapeutic process, as well as the tension between the personal and professional in training and in the therapeutic process. Although development of self-reflection was one of the aims of personal development, it was seen in the interpersonal context which addresses issues of diversity and difference. This emphasis on the relational aspects of self-development addressed McLeod's (2003) critique that counselling training did not offer enough focus on the relational aspects of self-awareness.

The group discussed a number of different approaches to developing **self-awareness not limited to personal psychotherapy**. Alongside personal psychotherapy, the group process and work in small groups were also discussed.

Although the aims of developing personal awareness were seen readily, the question remained about what **the theoretical context for this development would be**. It was suggested that one of the aims of the generic foundation year would be to choose a theoretical orientation most suited to student's personality style. The discussion suggested that this might be approached in the generic foundation year by facilitating students to develop self awareness in relation to different processes of change contained within theories in order to make an informed choice about their future orientation.

- **Theory**

The group focused on two different roles of theory in the generic foundation year:

1) **offering containment to the practitioner** – 'certainty in the face of chaos', (McLeod, 2003, p. 490) as well as 2) **developing an ability to recognise that no psychological theory offers absolute certainty.** These potentially opposing aims reflect the postmodern constructivist approach to theory. The group seemed to emphasise the need to train students to use theories in the process of forming hypotheses, which needed to be

tested in clinical practice. This approach mirrored the concept of developing the 'psychology of practice' (Hoshmand and Polkinghorne, 1992). It was emphasised by references to the narrative, context bound, nature of theories and their role in the process of individual meaning making. For example:

> *"... they* (theories) *are not about objective reality and [that] there is an area where we test theories... they are stories and narratives and some we may find useful and some we may not find useful, and I would think that with the fact that we all tell stories to ourselves about our own life and that we all have narratives and that we're always reconstructing them and deconstructing them..... so there is something about narrative being at the heart of psychotherapy... "*

The question of **generic theory** posed the challenging task of deciding **what generic theories were** and suggesting methods of teaching them in the foundation year. To do this, the group suggested combining **teaching different theoretical approaches** with focusing on **transtheoretical concepts**.

In order to create a grounding for understanding the nature of theories in the professional field, the group suggested teaching the basic theoretical concepts and processes of change involved in the three major branches of psychotherapy – Psychoanalytic, CBT and Humanistic. Although this would not address all the approaches in the field, it would introduce students to their roots. This type of teaching was intended to develop a respectful attitude to differences in the field as well as being the basis for understanding transtheoretical concepts and the theories taught at this stage of training. Particular concepts the group identified as generic were developmental theory the notion that all theoretical approaches contain theories of repetitive patterns of behaviour and the nature of personal change. They also suggested that theoretical teaching should be based on the

'common factors' research into the effectiveness of psychotherapy. It could be summarised from the overall discussion that this referred to the concepts of the therapeutic relationship and applications of theory in the therapeutic process. This further connected theoretical knowledge and clinical practice.

- **Professional knowledge and attitudes**

Professional knowledge within a generic foundation year was related to introducing students to the field and helping them to understand and access professional support, such as supervision, research and theory.

The development of professional attitudes included an **understanding and respect for diverse groups of people as well as respect for diversity in the professional field**. The group addressed ways of developing this attitude through the process of personal development as well as through theoretical teaching.

The increased relevance of research in clinical practice and training was reflected in the suggestion that the generic foundation year would foster the development of a research attitude to one's own practice, the ability to use research and the development of the capacity for critical analysis of theory.

- **Assessment/teaching methods**

Methods of assessment suggested by the group reflected the current practice in the field of training. The assessment prior to acceptance involved the **ability for self-reflection and relationship building.**

The emphasis on the capacity for self-reflection in clinical practice and other relationships was further reflected in the suggestions for the end of year assessment. This

assessment would involve the student, their training group and a tutor and would offer a range of assessment methods, from verbal feedback to essays and learning journals.
The philosophical basis of the course was also reflected in the training methods suggested and involved a strong emphasis on a range of experiential and evaluative methods combined with didactic teaching.

- **Difference between counselling and psychotherapy**

The aim of the group at this stage was to discuss only the generic foundation year in psychotherapy. However, issues related to differences between counselling and psychotherapy were raised in the second part of the discussion.
Reflecting on the discussion about the structure of the generic foundation year, group members suggested that **there did not seem to be any differences between the two** and that perhaps the organisation could develop *"a foundation year in psychological therapy"*.

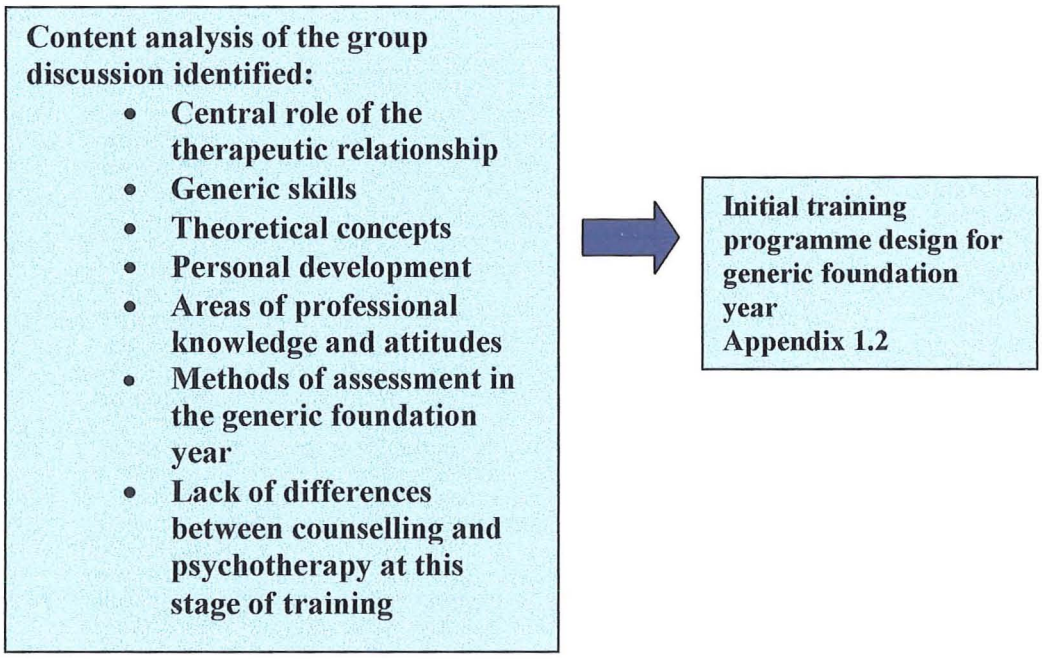
B –*" I notice we've been talking about psychotherapy and I think that everything we've talked about should be on the foundation year in counselling."*

Researcher –*" just to try to limit it"*

C –*" that's an interesting idea, a foundation year in psychological therapy"*

B –*" yes that's absolutely what everyone needs"*

This was a radical idea, which challenged the current separation of the two. During the discussion I did not recognise it and refocused the group discussion back to psychotherapy training.



2. ANALYSIS OF THE GROUP PROCESS

- **Identity of the group and relationship with the researcher**

Although the members of the group represented different approaches, the group already had an established identity within the Metanoia Institute. Heads of academic departments belonged to the senior management team and I was also a member of this group. The management team meets regularly throughout the year to discuss both academic and management issues within the Institute. The foundation year tutors were long-standing trainers within the Institute with strong relationships within their own departments, relationships with me and different relationships with each head of department. Although the composition of this particular discussion group was new, the group had a very strong sense of affiliation to the organisation.

The identity of the group naturally affected the process of the discussion. On the one hand, there was a clear motivation to take part and a sense of belonging to the group, the

discussion was thorough and there was a sense of mutual respect. On the other hand, the fact that the group was internal and discussed a training year that might affect the training structure of the organisation meant that the discussion was often sidetracked on to pragmatic issues (how could we implement the programme?, what would be the entry criteria?, etc.). This was natural within the action context of the organisation, where reflection is of necessity related to issues of implementation. This part of the discussion began to outline an important theme. However, at this stage, I wanted to engage the group in creative exploration, staying within the process consultancy model before focusing back on the managerial issues of resources and feasibility.

Throughout the discussion, the group held a very firm ownership of the process. The generic foundation year was referred to as 'our generic foundation year' and 'brilliant' and this was reflected in the speed and apparent enthusiasm of the participants.

- **Analysis of the process of discussion**

Analysis of the group process identified two ways in which the group dealt with areas of potential conflict.

Overall, the group demonstrated primarily Model II theories of action (Argyris, 1995) and engaged freely in the discussion. Levels of defensiveness were low and there was a high degree of attention to personal opinions. However, the seeds of an underlying potential for conflict appeared at times between group members, arising from their theoretical approaches. Usually it was dealt with in one of two ways:

- **By attempts to translate the concept, or**
- **By moving it to a later, approach-specific training**

An example of both was a discussion about interpretation:

A – "*... some of the tensions we've had in the ***course is: where do you teach interpretation? In *** you spend so much time trying to undo interpretation or looking at how to do that in a more phenomenological way, so would you include interpretation?"*

C – *"well I don't know if I was going to teach that. If you were going to teach people different interventions, you might do that slightly later ... "* **(suggestion to move it to the later training)**

And eventually :

B – *"I think that we could put it in a way that nobody would object to, depending on our proclivities, as finding a way of helping a client be aware of the hidden meanings"*(**translation)**

I recognised that the issue of translation was very important in this discussion. It is referred to in the literature on obstacles to integration and I was particularly interested in it from my own multicultural background. I wondered whether group members were seeking common ground and avoiding potential areas of conflict.

However, the expressed level of conflict in the group was remarkably low. I hypothesised that this was due to several issues:

- The concept of the generic foundation year leading to orientation-specific training offered an opportunity to identify and keep genuinely diverse concepts. On the level of process, it engaged participants more in the

collaborative process and reduced the potential level of threat and defensiveness.

- The identity of the group was a possible factor in this. The principle of collaboration is very prominent within the organisational culture. In addition, long-standing relationships and complex professional interrelationships between members of the organisation might have made it more difficult to express conflict and inclined group members towards accommodating each other. I noticed that the recording of the discussion showed a lot of laughter and joking. This could have been a product of having a genuinely enjoyable discussion. I hypothesised that it may also have served the function of reducing tension and limiting potential for conflict.

I particularly experienced this potential for conflict at times when someone would become eager not to lose something important within their own theoretical orientation, whether or not the concept was generic. Other group members would respond to this by attempting to find a way of including the concept in question under other, already agreed, categories and to translate it, or move it to the later approach-specific training. This process happened several times during the discussion and, at times, a strong personal opinion would take precedence over the generic argument. For example:

A – *"two things, one is where is body?, because, of course, in *** we're working with the body and the body process, so how much are we working with body awareness?*

C – *"I think that phenomenological awareness includes that, or can be...* **(translation)**

...

Researcher – *"I wonder how much would body awareness go under the awareness of self and other... "* **(translation)**

A – *"I don't know, but I'd certainly like it included"*

This began to indicate that the translation of a generic foundation year into practice would need to take into account the **power structure within a group** and to find ways of addressing strong **personal concerns** and their impact on the group.

This could be defined as emergence of a Type 1 theory in action. Further indication that issues relating to the political and organisational context would become essential in dealing with the concept of generic training were reflected in the discussion about the role of this year in the overall professional training. This was related to both the internal organisational structure and the wider contextual requirements (UKCP; BACP) and began to raise areas of concern.

I found the role of researcher in this setting challenging.

I was particularly uncertain how much to direct the flow of conversation and how much to leave it as open as possible to allow a situation that would most resemble naturally occurring talk (Silverman, 2001). Because of my own membership of the group and my role in the organisation, I frequently felt pulled into wanting to join the discussion. However in order to offer critical analysis to the group in the later stages of the enquiry, I took a primarily facilitative role.

I hypothesised that at this cycle of the enquiry, other group members saw me as a provider of a service to the group, rather than as a leader. This was reflected in my dealing with practical issues such as writing things down and managing the recording

equipment. Taking on this role was partly related to resorting to my own protective strategies and doing something pragmatic in an uncertain situation. At one point, I was told, jokingly, to organise the material the group provided and to offer a training structure at a later date. The fact that I wrote the agreed points of discussion on the flipchart impacted on the group in different ways. It helped to focus the discussion but, at the same time, restricted my attention and involvement with it. As a consequence, the group revisited some of the same themes and there was an element of confusion related to the lack of structure provided. This was evident in the part of the discussion where I didn't recognise the implication of the interaction about the lack of separation between counselling and psychotherapy and tried to limit it to only psychotherapy. Reflecting on this process during the analysis of the recording, I realised that I was becoming overwhelmed by trying to keep track of the discussion and at the same time, contain it. I only recognised the importance of this concept after listening to the recording and decided to follow it up in the subsequent interviews.

Reflecting on my own process, I realised that I felt excited by the level of cooperation in the group and that this experience was related to the apparent similarity of my views to those of my colleagues, which created an underlying sense of safety and belonging. This led me to question whether similarities between our views might be exaggerated by this process, or whether they reflected a wider professional reality.

Another boundary emerged in this setting. If I was facilitating a psychotherapy group, I would have made many more process interventions. But this was not my role in the group. I needed to find my identity as a researcher within this group.

Summary of Themes:

- **Excitement and collaboration. "Our brilliant foundation year"**
- **Ease of agreeing the generic skills and theories. Conflicting concepts dealt with by:**
  1.Translation and
  2.Process of moving non-translatable concepts to later training
- **Suggestion for a foundation year in 'psychological therapy'**
- **Main purpose of the year is the preparation for clinical practice**
- **Organisational issues related to implementation began to emerge**
- **Theme of the power structure and personal concerns in the group began to emerge**

3. QUESTIONS ARISING FROM THE FIRST DISCUSSION GROUP

Two main themes emerged from this discussion:

- Ease of identifying the generic concepts related to the foundation year training
- The importance of organisational, professional and political factors.

My initial hypothesis prior to the group discussion was that it would lead to clarification of the areas of agreement and highlight areas of disagreement between different theoretical orientations. However, the experience of the group challenged this hypothesis. **The process showed the relative ease of identifying generic concepts and reflected the psychotherapy research findings**. The group readily identified the possible structure of training and generic skills, developing a creative solution to the teaching of theory at this stage.

I hypothesised that the level of agreement reached may have been related to organisational belonging and reflected the identity of the Metanoia Institute as a system. It was possible that the interrelated parts of the organisation had a clear systemic identity underlying the different training programmes, which may have made it easier to identify generic concepts. However the relationship between these concepts and the research findings suggested that the level of agreement in this group reflected the professional context.

Areas of conflict and concern, which began to emerge in the process of the group (in relation to underlying tension and competition between theoretical orientations as well as political issues), began to indicate that contextual rather than theoretical issues might have been a stumbling block to the development in this field so far.

The limit of the enquiry to only the foundation level of training may also have been a factor in limiting the professional differences expressed.

Leading on to the next cycle of the enquiry **I was interested to follow up these threads of professional areas of agreement and disagreement.**

This cycle of enquiry was characterised by:

- The ease of identifying the generic foundation concepts
- The atmosphere of collaboration and the lack of conflict

My questions at this stage were:

- Was the level of agreement reached regarding the content of the generic foundation year unique to the organisation?
- Why was the group so enthusiastic (what was the underlying process)?
- Why was there so little conflict? Could this signal avoidance?
- What were the relevance of organisational issues and personal relationships, which kept emerging in the discussion?

SECOND CYCLE OF ENQUIRY-INTERVIEWS

1ST cycle of enquiry 1st Discussion group January 2002	2nd cycle of enquiry External Interviews February –May 2002	3rd cycle of enquiry Student questionnaires September 2002	4th cycle of enquiry 2nd Discussion group

I conducted nine interviews between February and May 2002. The majority of my interviewees were practitioners. The only interviewee who was not a practitioner was a researcher involved in large-scale evaluation of psychological therapy services. I wanted interviews to be representative of the major groups of theoretical approaches (humanistic, cognitive, psychoanalytic and integrative) in order to highlight similarities and differences in the field.

At the beginning of each interview, I asked about the context of each individual – their work and training background. I realised that the majority had additional training to that in their main orientation or had been influenced by other approaches, even if they didn't describe themselves as integrative. This reflected the research literature, which describes the trend towards integration and eclecticism among senior practitioners.

The majority of my interviewees were directly involved in psychological therapies training. They represented three major types of training establishments – training institutes (normally private or non-profit organisations); universities, and NHS-funded training programmes and institutes.

The two independent organisations were not involved in training but in provision of psychological services (Employee Assistance Scheme) and research.

I have presented their broad theoretical orientations and the types of organisation in the table below.

	Theoretical approaches:							
Organisations:	**Not applicable**	**Person centred**	**Transactional Analysis**	**Integrative**	**Cognitive Analytic**	**Cognitive behavioural**	**Psycho-analytic**	**Psycho-dynamic**
Research agency	**Interview 1**							
Employee Assistance Scheme								**Interview 2**
University		**Interview 3**		**Interview 9**				
NHS					**Interview 7**	**Interview 8**	**Interview 6**	
Private or not for profit			**Interview 4**	**Interview 5**				

Overview of Interviews

Interviews took 1–1.5 hours and were semi-structured. To encourage reflection and generate ideas, I kept the interviews conversational and free-flowing. **I conducted the interviews on the basis of the framework identified by the first discussion group:** generic skills, theories and knowledge, relevance of personal development and assessment during the generic foundation year (Appendix 3.2.1). **In preparation for the internship enquiry, I asked interviewees questions about their thinking on the development of internship and the uses of clinical practice in training.**

It became apparent during the interviews that some of my interviewees didn't specialise in teaching students in the early stages of training. In those cases, and bearing in mind that a wider aim of my enquiry was to identify issues and themes affecting the development of this type of training, I didn't focus questions on detailed training issues

and content. Instead I focused on exploring their critical thinking on generic training on the basis of their own professional experience.

I analysed both the content and process of the interviews. I used this analysis to reflect on the initial training proposal suggested by the first discussion group as well as the wider contextual issues. I used the content analysis of both the discussion group and the interviews to formulate the questionnaire for the third cycle of enquiry.

1. CONTENT ANALYSIS

In order to reflect on the initial training structure, which emerged from the first discussion group, I developed a **framework for analysing the content of interviews**. This framework was directly **related to areas of generic skills, attitudes, theories, knowledge and assessment methods, as identified by the first discussion group** (Appendix 3.2.1). I have used it to analyse the content of each interview (Appendix 3.2.2) and have developed a summary table to create an overview (Appendix 3.2.3).

Interviews varied in the amount of detail they offered regarding the content of the generic foundation year. This was partly due to the experience of interviewees and their professional context and reflected the fact that they didn't all have current experience of teaching students at the foundation level.

The other reason for the variable amount of detail in interviews was the format of the semi-structured interview. In contrast to the discussion group, which had the task of discussing the content and generated a large number of detailed ideas, interviews offered more information about each individual's views and interests, rather than detailed content of the training year.

Analysis of the interviews showed different themes emerging regarding the content of the generic foundation year:

- **The importance of the therapeutic relationship and counselling skills**
- **Personal awareness and self-reflection**
- **Theoretical understanding**
- **Areas of evaluation and accountability**
- **Differences between counselling and psychotherapy**.

- **The therapeutic relationship and basic counselling skills**

The therapeutic relationship was seen as the primary agent of change and central to training. This reflected the view of the discussion group and the 'common factors' research into the effectiveness of psychotherapy (Lambert and Bergin, 1994; Beutler and Strupp, 1986; Wampold, 2001; Greencavage and Norcross, 1990, etc).

However, there was an indication that the therapeutic **relationship would be used differently in different approaches.** This was particularly evident in the psychoanalytic and the CBT approaches. The cognitive behavioural therapist (Interview 8) referred to it primarily from a position of relationship building with a client, the therapeutic alliance and the empathic bond. The psychoanalyst (Interview 6) stressed the importance of working with transference. Theoretically, this was an area where difference between the two approaches might be expected and the interviews demonstrate an aspect of genuine diversity between them.

As in the discussion group, the area showing **the highest level of consensus** between interviewees was **related to basic skills**. Overall, there was more detail and comment about generic skills than in any other category. Basic counselling and listening skills were

seen as the main skills needed at this stage. However, there was **a range of views relating to more complex practice-related skills such as assessment and diagnosis.** Although eight out of nine interviewees suggested that teaching some assessment skills would be relevant in the generic foundation year, views about the level and content of this teaching varied.

Clinical assessment is a complex skill and involves areas of clinical diagnosis, assessment of the client's functioning and the therapist's own competency. As an established skill, this relates to Dreyfus' (1986) 'expert stage' of practitioner development and requires an interaction between frames of understanding and environmental clues (Hoshmand and Polkinghorne, 1992). These 'frames of understanding' are used to make sense of the clinical data. I hypothesised that this was the reason that most of the interviewees considered them to be approach-specific.

The only two interviewees who talked about complex practice skills as essentially generic were Interviewees 1 and 2, who were either primarily involved in research (Int.1) or the provision of clinical services (Int.2), rather than in training and clinical practice. These responses might reflect **a difference between practitioners, researchers, and consumers**. My hypothesis was that interventions during the process of assessment and diagnosis might be very similar between different approaches, even though the internal process of using data to make sense and plan treatment might be different for different practitioners.

Views concerning **complexity and the orientation-specific nature of assessment skills differed from the discussion group**. The discussion group identified a wide range of

assessment skills, from basic skills related to the building of the therapeutic relationship to formal assessment tools, such as the CORE System, and linked these to generic clinical practice.

I hypothesised that this indicated a generic area within the framework of assessment that could enable the development of a common language between therapists and levels of integration, particularly when using generic methods such as the CORE System. I considered that in such an advanced skill, a developmental model of training might be particularly important and questioned whether seeds of the assessment process could be taught generically.

The interface between clinical practice and complex clinical skills began to pose a wider question than the development of the generic foundation year. I began to wonder whether generic clinical practice was ever possible or whether it could be taught.

The interviews suggested that generic clinical practice was not possible at this stage of training, and emphasised the role of theory in clinical practice.

In addition to identifying skills, interviewees also referred to the **methods of teaching** and demonstrated wide-ranging agreement in this area. It was suggested that the methods of teaching in the generic foundation year would need to involve a lot of practice as well as group and individual reflection. This **endorsed the views of the discussion group** and the most common practice in teaching skills (McLeod, 2003).

- **Self reflection**

The suggested aim of the generic foundation year was widely seen as the development of self-reflection. **Personal reflection** was related to **theoretical understanding** and the **underlying philosophical and historical context** within the main approaches of psychotherapy. Personal psychotherapy and group interactions were seen to be the main methods of developing self-awareness, although other approaches, such as co-counselling, were suggested by the CBT interviewee (Int. 8).

Although there was a wide level of agreement about the importance of personal development and self reflection, which links to relationship-building skills, there was less detail about the components of this – such as awareness of cultural differences, or awareness of self in the group. **The relational aspect of personal awareness was not reflected in all interviews.**

This was a clear distinction from the discussion group, **suggesting that relational philosophy was not universally shared.**

- **Theory**

All interviewees suggested that the teaching of theory was important. **Theory was seen to provide a framework for both personal development and clinical practice**. In relation to personal development it was referred to as: finding the model congruent with one's personality (Int.2) and developing one's '*own epistemological style*' (Int. 5). In relation to clinical practice, theory was seen to '*ground the process*' (Int. 4), and be '*a backbone to call on*' (Int. 6). Although **a specific, rather than a generic, theoretical approach was viewed as essential in the teaching of clinical practice**, broad-based theoretical teaching was seen as important in the foundation year.

The postmodern philosophical context was reflected in the fact that the **majority of interviewees referred to theory as narrative** rather than absolute. Despite this, a theoretical orientation was seen to provide an important framework and grounding for practitioners. This view could be seen to be supported by the meta-analytic finding that therapists' allegiance to the therapy model is a significant variable in determining the outcome of psychotherapy (Wampold, 2001).

Reflecting on this, I was particularly interested in the two interviewees (Interview 4: Transactional Analyst and Interview 6: Psychoanalyst), who made a case against the generic approach. They both focused on the importance of the therapist's **adherence** to the approach. Research findings don't support this view unequivocally, either in studies on adherence to treatment protocols, which show inconsistent results (Wampold, 2001) or in the rise in integration and eclecticism amongst practitioners of all approaches (Garfield and Bergin, 1994). **However, issues of allegiance and adherence to theoretical models refer to different processes.** Adherence suggests that therapists internalise and practice their models according to a set of procedures. Studies showing a level of integration and eclecticism between practitioners suggest that this does not happen in naturalistic settings. The issue of allegiance involves a more personal process of internalising theories, philosophy and practices and relating them to clinical practice. Again, this stressed the importance of the foundation year in facilitating students to make an informed choice about a theoretical approach congruent with their personality that they would be able become allied to.

- **Accountability and evaluation**

These were strong themes that emerged in the interviews. Issues of therapists' accountability and the importance of evaluation were seen **in relation to contextual factors as well as client protection**. This was particularly clear where the interviewees came from a particular organisational perspective. For example, the cognitive analytic practitioner based in the NHS (Int. 7) referred to psychotherapy as a "*social activity performed in private*". There was also a particular **critique of the subjective, supervisee-led nature of supervision and its limitations in the process of evaluation**, particularly stressed by the researcher (Int. 1) and the provider of services (Int. 2). However, it was important to see the process of learning to evaluate one's practice in relation to the students' stage of training (Int. 9 and 5). The foundation year of training does not involve clinical practice and issues of evaluation may need to be approached slowly and indirectly through methods of reflection and feedback during training. The emphasis on evaluation, which emerged from the interviews, added a dimension of **social accountability**.

This was not a major theme in the discussion group, which focused more on critical analysis of clinical practice, and I hypothesised that this might reflect a difference in priorities between training organisations and service provision.

- **Considerations of individual learning and gender styles in training**

The theme of **individual differences** in learning styles and needs emerged in several interviews. In addition, two male interviewees raised the issue of **gender differences** (Int. 7 and Int. 9).

In a profession where the majority of clinicians as well as trainers are women, these views offered interesting feedback and points for reflection. For example, if men do not learn primarily through relationships but through tasks (as suggested by Interviewee 9), how could their needs be met in a profession that sees a therapeutic relationship as the main vehicle to change? Could that be one of the underlying reasons why there were more male than female researchers? Or could it be reflected in more male practitioners being attracted to cognitive behavioural therapies? I realise that other issues involved in male-female ratios may also be related to cultural and political issues. I was interested that this theme did not emerge at all in the discussion group, which had five women and only one man. However, cultural differences were also not mentioned universally (5 interviewees didn't comment on them at all), despite the obvious cultural differences between us. In my view, this reflected the fact that the area of 'working with difference' still needs attention and development in the field of psychotherapy and counselling.

- **Differences between counselling and psychotherapy**

My initial enquiry design focused on looking at generic foundation year psychotherapy training. **I was particularly alert to this issue in the interviews because of the suggestion by the discussion group that there may not be differences between the two at this stage of training**. Mindful of this, I referred to it in the interviews and found that similar views were expressed, particularly by the interviewees who came from a

counselling background, who commented directly (Interviews 3 and 9). This strengthened my interest in exploring the topic further in the second discussion group.

Themes identified in the content analysis of interviews:

- **Importance of the therapeutic relationship and basic counselling skills**
- **Role of self reflection in training**
- **Role of theory in personal development and clinical practice**
- **Issues of accountability and evaluation in training, including social accountability**
- **Considerations of individual learning and gender styles in training**
- **Differences between counselling and psychotherapy**

2. PROCESS OF INTERVIEWS AND THEMES

In writing about the interview as a research method, Silverman (2001) distinguishes between interviews measuring the "internal" and "external reality". In the interviews I conducted, I focused on both the "external" reality – finding out the nature of generic skills at the foundation level, generic outcomes and theories – as well as on the particular positions taken up by my interviewees in making sense of that external reality.

The data gained in the interviews represented the subjective and professional reality of my interviewees as senior representatives of the profession as well the co-created process that happened in the relationship between us.

Interviewees who were actively teaching students at this level of training (Interviews 3, 4 and 5) focused more on the detail and structure of training, demonstrating no difference

between university-based courses and those in private institutes. Interviewees involved in contexts, such as research, private service provision and the NHS, who are more directly concerned with evaluation and the measurement of effectiveness, focused more on these issues. A different emphasis by the discussion group reflected a wide gap in emphasis between training and service provision.

Most of the practitioners I interviewed had broadened their initial training by studying some additional approaches and they had clearly practiced with a level of integration. This made them representative of the general trend in the current practice of psychological therapies (Garfield and Bergin, 1994) and reflected the view that the process of integration happens through the development of individual practitioners (McLeod, 2003).

Although the professional backgrounds of the interviewees provided a good range of different theoretical orientations and organisations, it did not offer a complete overview of the profession. However, it offered an opportunity to follow up **themes emerging from the discussion group in relation to the structure and content of training in order to show the wider relevance of the themes identified by the discussion group.**

The fact that interviews again demonstrated a **relative ease in identifying basic generic skills suggested that this was not just related to the internal system of the Metanoia Institute.**

The interviews further opened up the question of the **relationship between theory and clinical practice** and suggested that there was a significant interface between the two that would need to be investigated further.

Interviews showed that, although the **transtheoretical concept of the therapeutic relationship was broadly referred to, it was used differently in different approaches**. The emphasis on relational philosophy in the discussion group reflected the underlying approach of the Metanoia Institute and was not representative of the professional field as a whole.

I recognised, in discussing the role and concepts of teaching **theory,** that interviewees referred to one of the areas of the discussion group – the **broad-based understanding of psychological theories and their philosophies.** However, there was little mention of generic theories. Although some interviewees referred to developmental theory as generic, there was **little discussion of transtheoretical concepts and theories**.

I hypothesised that this reflected the complexity of the issue and questions about the relationship between theory and practice. Broad-based theoretical teaching was far less challenging as a task.

Differences between counselling and psychotherapy have also continued to present an area for exploration.

The suggestion emerging from the interviews that there were no differences between the two at this level of training, seemed clear and, at the same time, posed questions about the overlap between the two and the surrounding professional and political issues.

Summary:

- Ease of identifying generic skills suggested that the level of agreement in this area was not just internal to the Metanoia Institute.
- Interviews highlighted the complexity of the relationship between theory and clinical practice. This was reflected in the fact that there was little discussion about transtheoretical concepts.
- Although the concept of the therapeutic relationship was highlighted as generic, it became evident through the interviews that it was used and emphasised differently by different approaches.

In my endeavour to facilitate the interviews, I was aware of my role as a colleague and practitioner as well as a researcher, and recognised that these interviews were also co-constructed through the process of conversation. Several of my interviewees commented on the fact that it was through the process of the interview that they made particular conclusions and that the questions I asked invited them to think from a different angle from their usual way of thinking. For the most part, the interview process was collaborative. However, at times I became aware that my gender, age and professional affiliation were having a particular impact in the interview. For example, during one of the interviews (Interview 7) I realised that the interviewee was critical of the particular training institute I was affiliated to and referred to it as providing a "*mothering type of psychotherapy*". I hypothesised that my gender and professional background had an impact on the underlying process of the interview, which at times took on a very challenging tone. In Interview 5, (the psychoanalyst) I was aware of a sense of tension in the first part, the reason for which only became clear when the interviewee told me that she had objections to the notion of generic psychotherapy. The process of conducting interviews helped me to ground myself in the role of researcher. I became immersed in the enquiry and began to gain more clarity about emerging themes. My role in the interviews was different to my role in the discussion group. There were no dual relationships and interviews took place outside the Metanoia Institute. As a consequence, I emerged from them clearer about my identity as a researcher and more able to separate from my organisational roles.

THIRD CYCLE OF ENQUIRY – STUDENT QUESTIONNAIRES

1ST cycle of enquiry 1st Discussion group January 2002	2nd cycle of enquiry External Interviews February –May 2002	3rd cycle of enquiry Student questionnaires September 2002	4th cycle of enquiry 2nd Discussion group

Following the broad range of issues and themes emerging from the interviews, the third cycle of enquiry focused back on the subject of the **content of the generic year**. The questionnaire I gave to students asked for their views from a particular perspective.

I asked them to think about their first practice placement (normally at the beginning of their second year) and to assess the relevance of the skills, theory and knowledge outlined, at that time in their training.

In order to give students a wide choice of options to comment on, the questionnaire included categories of content that a number of interviewees and the discussion group agreed on, as well as those that only some interviewees identified, for example:

- Ability to assess the client's internal and social functioning (Int.5 -integrative psychotherapist).
- Ability to formulate the presenting problem (Int.8 – cognitive behavioural psychotherapist).
- Awareness of major psychiatric disorders (Int.6 – psychoanalyst)

The structure of the questionnaire included the following categories:

- Category of skills. Assessment and counselling skills, evaluative attitude to practice.
- Category of knowledge. Related to areas of theoretical and general knowledge.

- Categories of personal development and attitudes. Related to areas of personal awareness, evaluative attitude to practice and ethical awareness.

A sample of the questionnaire is available in the Appendix 3.3.1.

From a group of 149 students, 55 questionnaires were returned and analysed (36%). There was only one returned from the Integrative department, so the results could be seen as coming primarily from single approach courses.

I expected that most questionnaire categories would be seen by students to be relevant to some extent, as they were all clearly related to recognisable areas of clinical practice. The range of rating options for each category offered an opportunity to express individual opinions about the degrees of relevance of different subjects. The questionnaire also offered a space for other comments, which provided an opportunity for more individual expression.

Rating categories given were:

4 very relevant
3 relevant
2 mildly relevant
1 not relevant at all
0 don't know

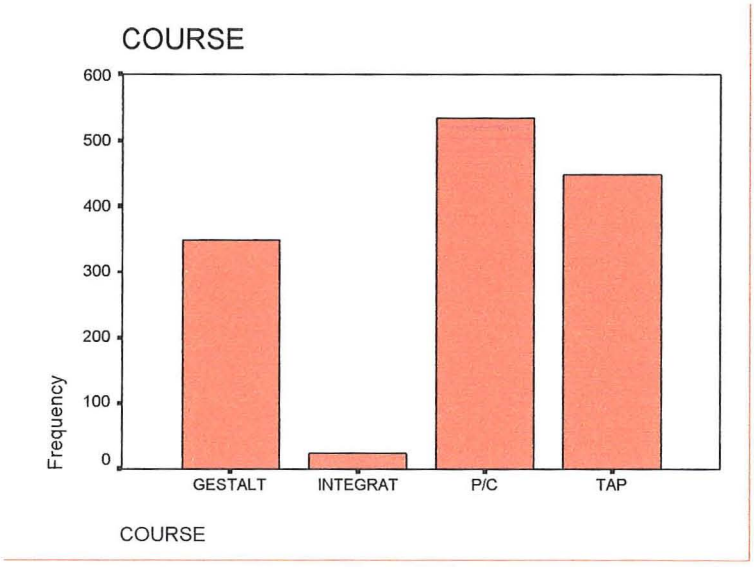
To address the ethical issues previously referred to, all questionnaires were confidential.

1. CONTENT ANALYSIS

Questionnaires were given out to students during the first training weekend of the year. At this time, tutors usually deal with a number of outstanding administrative issues, and on this occasion they didn't collect the questionnaires from the students. This resulted in only one questionnaire being completed in the integrative course. The outcome of this was that the questionnaire results could be considered to be primarily related to single theoretical approaches.

The lack of completion by this student group may also indicate that integrative students already used generic concepts and didn't feel motivated to respond.

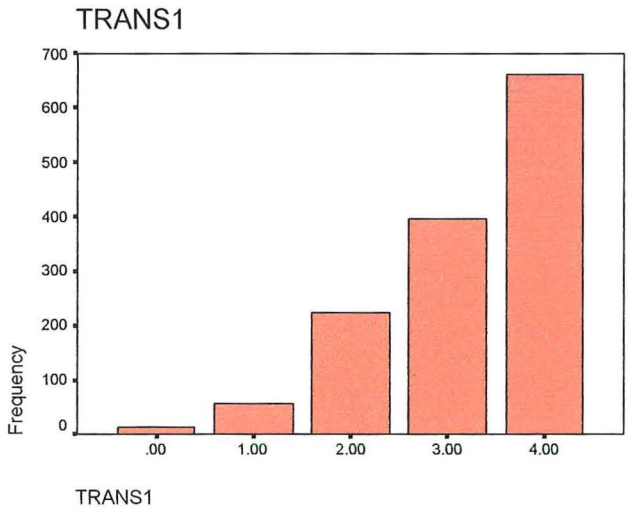
Apart from this, the number of returned questionnaires broadly related to the size of each department (Appendix 3.3.2).



Questionnaires related to training departments

As I expected, the majority of students agreed that all the skills and knowledge listed in the questionnaire were important when they are first starting to see clients. Most of the

differences between them were reflected in the degrees of relevance they ascribed to the categories related to individual questions.



Questionnaires – relevance ascribed to categories

4 very relevant; 3 relevant; 2 mildly relevant; 1 not relevant at all; 0 don't know

In the overall analysis, I was interested in patterns of similarities and differences between the rating categories in relation to theoretical approaches. There was only one counselling course (person centred) that took part. This meant that it was **difficult** at times to recognise whether differences between groups indicated differences **between counselling and psychotherapy in general, or differences between theoretical approaches**. I used my knowledge of the training programmes and their philosophies to reflect on these issues.

The summary table (available in the Appendix 3.2:2) groups theoretical orientations according to the degree of relevance they ascribed to questionnaire categories. It shows that **single theoretical approaches demonstrate considerable similarity in how they rated relevance of questionnaire categories**.

I hypothesised that this may have indicated the generic nature of the majority of categories included.

In order to analyse the categories in more detail, I have considered each question according to the degree of relevance ascribed to it by the practitioners. The related summary table is available in Appendix 3.3.2.

In analysing the content of the questionnaire, I grouped the questions in the same way they were grouped in the questionnaire, into areas of:

- Skills
- Evaluation and monitoring
- Ethical awareness
- Theoretical knowledge
- Professional knowledge.

The statistical analysis of each individual question in relation to the degrees of relevance ascribed and the theoretical approach is included in the Appendix 3.3:3.

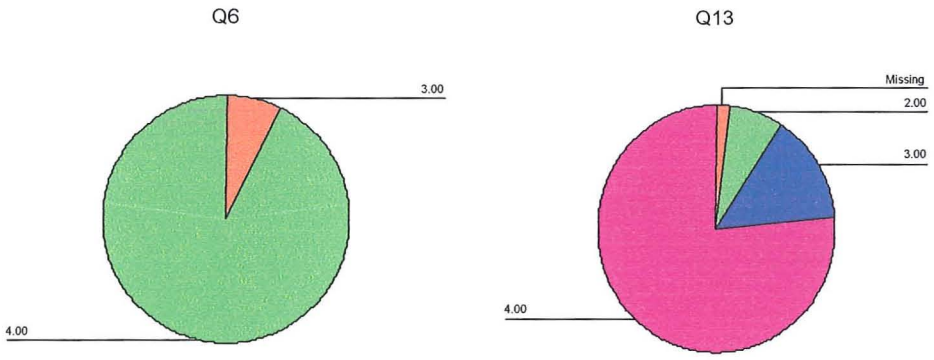
- **Skills (Q1–15)**

Overall, questionnaires indicated that **students rated basic skills and knowledge highly** at this level of training.

Areas identified as most important in the area of counselling skills (Questions 6–15) related to:

- **Listening skills** (question 6) –seen as the most relevant in this group of questions, followed by the **ability to develop a working alliance**/helping relationship with

clients (question 13). Both show a high level of consistency between the approaches.



Questions 6 and 13

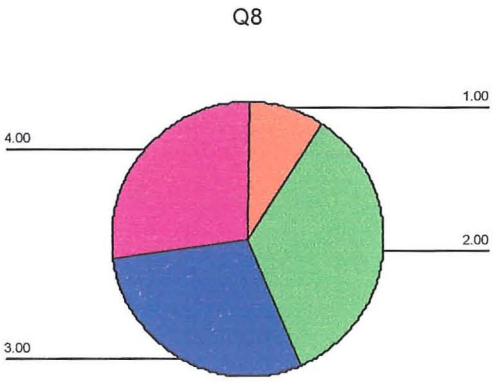
Other skills seen as important and with a high level of consistency are:

- **Ability to see clients within their own context (question 9)**
- **Phenomenological enquiry (question 7)**
- **Ability to ask questions sensitively (question 12)**
- **Ability to make agreements with clients (question 15).**

Responses to other questions on skills indicated some differences between theoretical approaches. This was particularly so in the case of skills suggesting a level of proactivity on behalf of the practitioner (questions 10 and 11), which challenged the person-centred philosophy of offering a non-directive approach.

Differences between counselling and psychotherapy seemed to be suggested in relation to issues of 1) dealing with transference and 2) the length of the therapeutic work.

The **ability to work with transference** was translated into a generic concept by the discussion group as "the ability to be aware of the repetitive patterns and hidden meanings" and was one of the areas where students **showed most disagreement**.



Question 8

Out of the 43.6% of students who rated this skill as either "mildly relevant" or -"not relevant at all", the majority were person-centred students.

This result could demonstrate an approach-specific difference particular to the Metanoia Institute. The only counselling students who responded to the questionnaire adhered to an approach that did not deal with transferential issues. This would not necessarily be the case within the wider professional field.

This outcome could also suggests that working with transference and the unconscious process may be more related to psychotherapy than to counselling.

Both results suggest that working with transference might not be a generic skill.

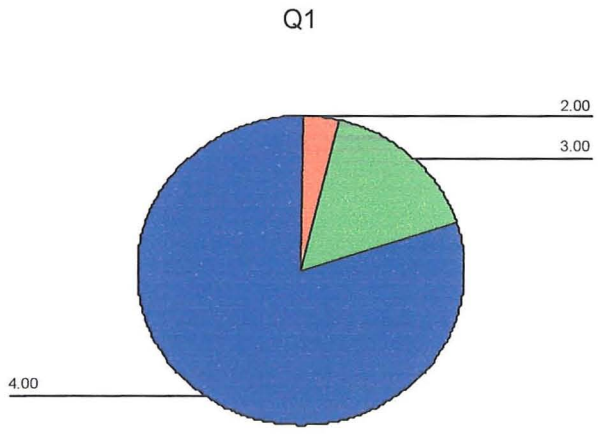
I was interested in the fact that this was one of the skills that the discussion group defined as generic through the process of translating the term transference. This raised the question of whether this skill was based on one of the untranslatable theoretical concepts within the wider professional field.

Another possible difference between counselling and psychotherapy students was revealed by the question related to developing an ability to work with **2) time limits** (question 14).

Although this skill was rated as relevant by 27% and very relevant by 59.3 % of all students, the majority of students who saw it as "very relevant" (4) were person- centred counselling students.

I hypothesised that this could suggest that counselling students were more aware of the need to work within brief settings. Although both types of training use the same practice placements, psychotherapy training within the Metanoia Institute requires students to work within longer term settings as well.

The area of **assessment and diagnosis** reflected the interview process and shows a **difference between basic and more complex clinical skills.** Developing a rapport with clients, which was defined as a basic assessment skill by the discussion group, seemed to be indicated as the students' main area of concern at this time in training (question 1).

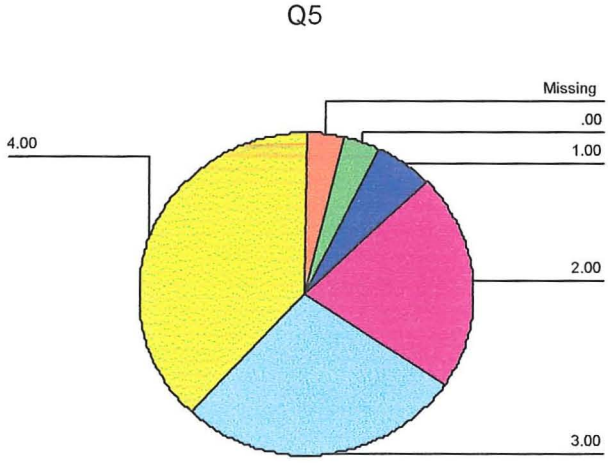


Question1

Although this is not a specific diagnostic skill, it shows the importance, at this stage of training, of issues surrounding the development of a working alliance.

More complex assessment skills, such as-the ability to assess the client's suitability for therapy and one's own competency (question 2); the ability to assess the clients' internal and social functioning (question 3) and the ability to formulate the presenting problem (question 4) **receive far less agreement in degree of relevance**. Only one of the questions (question 2) suggests approach-specific differences (Appendix 3.3.3), which are possibly related to the issues surrounding the use of the term 'assessment' within the person-centred approach.

Awareness of the major psychiatric disorders (question 5), which is a specific area of clinical diagnosis, is one of the categories that shows the most disagreement in the degree of relevance ascribed to it.



Question 5

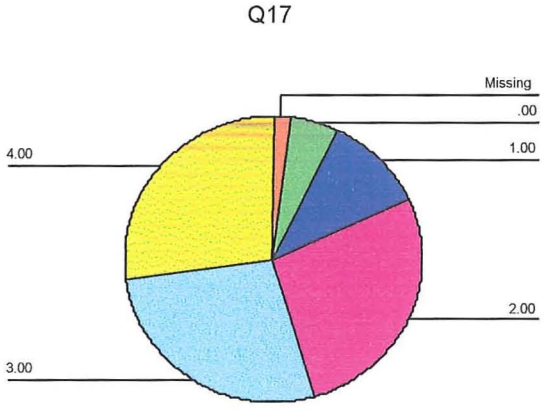
These results reflect the complexity of assessment skills. Apparent differences in how practitioners rated the relevance of these skills, and the suggestion of approach-specific differences between them, **mirrored the views emerging from the interviews** and

suggested a level of interface between theory and clinical practice that needs to be addressed gradually in the later stages of training.

- **Evaluation** (questions 16–17)

Attitudes to issues of evaluation of practice give the impression of a lot of disagreement, particularly in the question suggesting a **formal evaluation** (question 17).

It is possible to surmise that, at a time when students are the most concerned about meeting and engaging with clients, evaluation is seen **a frightening prospect and not of most concern to students** (Appendix 3.3.3).

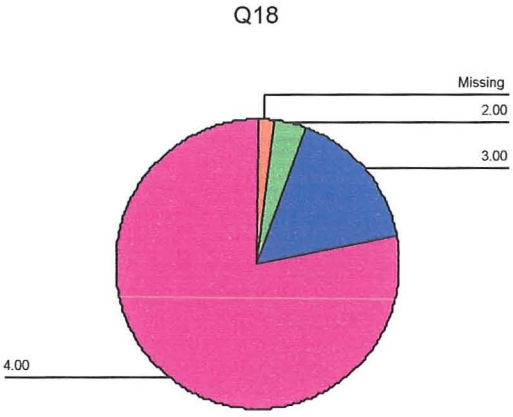


Question 17

More students seem to prefer to evaluate the effectiveness of interventions during the process (Appendix 3.3.3), although their preferences may be approach-specific. Person-centred counsellors were the majority of students who rated it as "very relevant".

- **Ethical awareness (questions 18–19)**

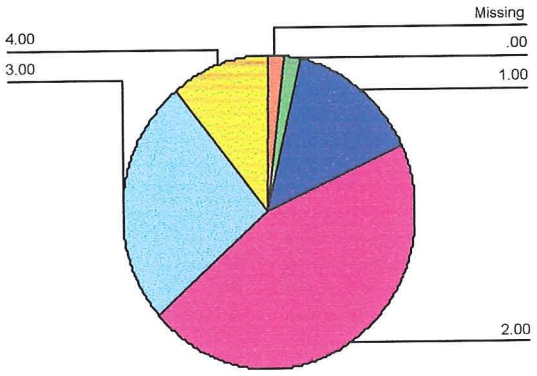
This category again indicates the importance of addressing **the most basic, generic understanding of ethical issues.** Understanding of **boundaries** (question 18) is seen as the most important area of ethical awareness at this stage of training (Appendix 3.3.3).



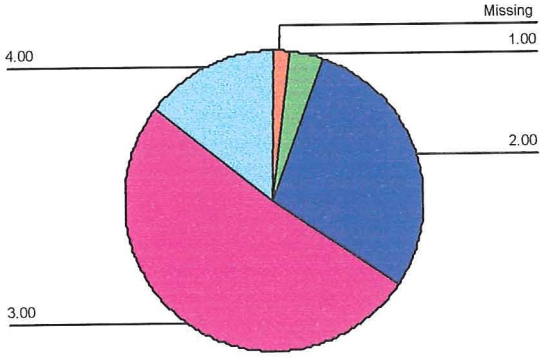
- **Theory (questions 20–22) and areas of professional knowledge (question 25)**

It would seem that, at this stage of training, **theoretical knowledge is not seen as having the same level of importance as therapeutic skill.** Responses on achieving a wide understanding of theories in their historical and philosophical context (question.20) and the transtheoretical concept of understanding issues related to the change processes in psychological therapies (question 21) indicate a level of disagreement about relevance.

Q20

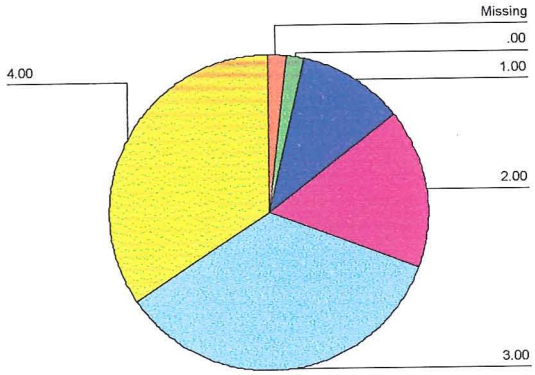


Q21



Questions 20 and 21

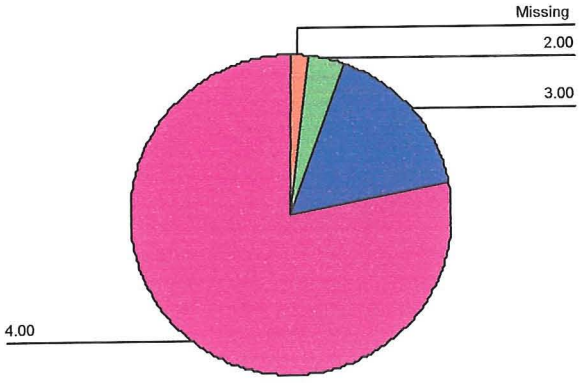
In contrast, the specific **knowledge of one's own approach (question 22) is seen as "relevant" or "very relevant" by 70.4% of students.**



Question 22

The area of professional knowledge related to the understanding of **professional support** (such as supervision, research, reading, etc.) and ways of accessing it (question 25) was seen to be **highly important** for the majority of students, irrespective of the approach.

Q25



Question 25

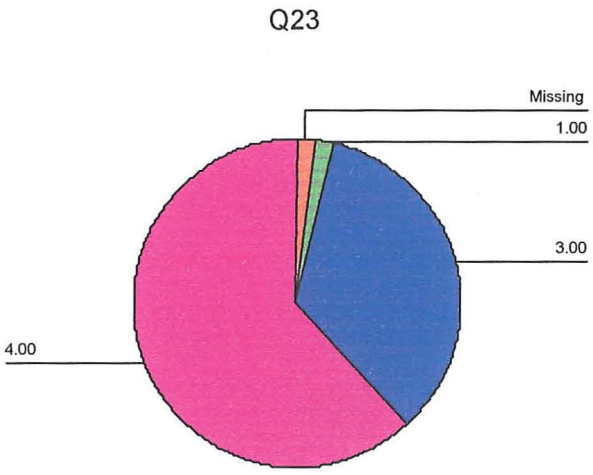
Responses on questions concerning the wider generic areas of theoretical knowledge contradict the high level of relevance that senior practitioners gave them, both in the discussion group and in interviews.

Questionnaire responses show a pragmatic approach to theory and professional knowledge. The **importance of approach-specific theory** may indicate that, at the stage of starting clinical practice, students use their own approach to provide a framework and a sense of security, as well as some more immediate answers to clinical practice issues. **This challenges the notion of generic therapeutic practice, at least at this stage of training.**

Developing a wider understanding of the context may be very important, both in students' overall development as practitioners and at the stage of making a choice about an approach, placing this skill in the generic foundation year.

- **Personal Awareness (questions 23–24)**

Awareness of personal process and issues (question 23) was seen as **highly relevant** and the answers are **consistent** across different approaches (Appendix 3.3.3). This indicates a high level of correspondence between the views of the students and of senior practitioners.



Question 23

2. SUMMARY AND EMERGING QUESTIONS

This cycle of enquiry focused on the research question from the point of view of training outcomes.

Students' involvement in this process was particularly important because, as users, they are able to comment on whether training meets their needs at this time. The start of clinical practice is the first arena where the effectiveness of training can be established in relation to clinical practice and offers an opportunity to identify and evaluate the aims and content of training.

Students' responses to questionnaires focus some of the wider issues already emerging from the enquiry:

- The importance and generic nature of counselling and therapeutic relationship skills, personal awareness and basic professional knowledge in the areas of ethics and professional support
- The complex relationship between theory, skills and clinical practice in areas like assessment and diagnosis. This shows that although they could be taught generically at a very basic level, they require a more in-depth theoretical framework in further training
- The question of the role and scope of theory within a generic foundation year. The previous two cycles of enquiry suggested that the use of wide theoretical concepts and their historical context is related to both personal awareness and clinical practice. The discussion group also suggested some transtheoretical concepts, such as developmental theory and processes of change, as specific subjects for the foundation year. The students' view that the knowledge of their own approach is more relevant when starting to practice contradicts this, although it may also reflect their own training experience. The only group of students who effectively did not take part in the questionnaires, the integrative psychotherapy trainees, is the only group that uses transtheoretical concepts explicitly during training. However, the questionnaire outcome may also suggest that generic theoretical concepts do not offer the same level of safety and practical help to students at this time.

Based on the outcome of the questionnaires, and in preparation for the second discussion group, I identified the following areas for focusing discussion in the fourth cycle of the enquiry:

1. If counselling/listening skills are seen as important at this stage of training, is there a difference between psychotherapy and counselling at this level?

2. Practice-related skills such as assessment, diagnosis and evaluation have been questioned at this stage by both interviewees and students. Could they be more appropriate in the second (practice-related) year rather than in the foundation year?

3. If the foundation year was a generic year, with a choice of orientation in the second year, would it lead to counselling or psychotherapy? If so, what would be the criteria in deciding which one was offered?

The outcome of the questionnaires further challenged my hypothesis that generic clinical practice was possible at this stage of training. Students' responses reflected some of the literature on training mentioned earlier (Wheeler, 1999).

The questionnaires also raised a question for me about the limits of translation as an integrative tool. Like the discussion group, I had also assumed that working with transference contained a generic, translatable skill. The feedback from some interviews (for example Int. 6 – psychoanalyst) and the questionnaires opened up a question in this area. They suggested that our ability to translate this skill might have been related to our belonging to the same part of the organisational system, and that students reflected differences within the organisation. For me, this highlighted the importance of enabling students to have a stronger voice in the development of their own training and I wondered about their role in developing a learning community within the organisation.

FOURTH CYCLE OF ENQUIRY – ANALYSIS OF THE SECOND DISCUSSION GROUP

1ST cycle of enquiry 1st Discussion group January 2002	2nd cycle of enquiry External Interviews February –May 2002	3rd cycle of enquiry Student questionnaires September 2002	4th cycle of enquiry 2nd Discussion group

I wanted to use the second discussion group to focus on themes arising from the analysis of the enquiry in relation to questions about the differences between counselling and psychotherapy training at this stage, as well as responses to questionnaires where students differed from trainers.

The second discussion group took place in December 2002, eleven months after the first group. The meeting was in the afternoon and was considerably shorter than the previous group. It lasted 1.5 hours. In preparation for it, I analysed the interviews and questionnaires and prepared the summary and analysis of both, which I sent to the group members prior to the date. There were five group members. The membership of the group had changed at this point. As the enquiry unfolded, questions were being raised about differences between counselling and psychotherapy. This is why I decided to invite the head of the person-centred counselling programme to join the second discussion group. One of the foundation year tutors from the first discussion group was unable to attend the second discussion group, and withdrew, owing to her work commitments. This changed the balance of the group to almost only the senior management team. The management team had already spent the whole morning together in a meeting. From that meeting I was aware that one of the group members, having spoken to her team of tutors, had distinctly moved position against the generic foundation year.

Following the second discussion group, I analysed the content and process of the group discussion. I also related the dynamic of the process to the underlying issues affecting the development of the generic foundation year in the wider professional field.

1. CONTENT ANALYSIS

The content of the discussion was loosely focused on the three areas contained within the questions I prepared. Discussion focused on the following:

- **Differences between counselling and psychotherapy training**

Discussion about the differences between counselling and psychotherapy training reflected the wider professional debate and **focused on cultural and political issues**. Cultural issues were primarily related to the themes of professional belonging and affiliation. The closeness of this professional belonging was referred to by one of the group members as knowing "*.... who are going to be your bedmates*". This reflection on the **importance of professional networks** and their role in maintaining professional separation was referred to as one of the barriers to integration by Goldfried, Castonguay and Safran (1992). This attitude, which shapes the professional identity of practitioners, also becomes one of the factors that limits communication and the opportunity for debate between groups of practitioners.

Some of the political differences were referred to by the group as linked to developments in the professional umbrella groups, BACP and UKCP, the continuing debate about which groups of professionals they represent and the areas of common ground between them. The group referred to another aspect of the **political context, in relation to gender**

differences and the wider cultural context of the economic and social status of men and women in western society.

"... Counselling is £25 an hour, psychotherapy is £40 an hour, counselling is mostly women, men are mostly psychotherapists" .

Entry criteria into counselling and psychotherapy training, which the group referred to as "*administrative differences*", reflected the different levels of prior experience and academic qualification required by the UKCP and the affiliated university. On an organisational level, these external boundaries represent the **wider system** within which training organisations operate, impacting on the level of change that each individual organisation can implement by itself.

The discussion showed a lot of apparent agreement between group members in identifying the wider issues surrounding differences and similarities between counselling and psychotherapy, as well as the notion that they represented widely interchangeable terms, and seemed to stress similarities rather than differences between the two. *"... it's like two massively overlapping circles"*However, when the discussion moved to the **application** of these views to training, some of the **differences between group members began to emerge** in response to my suggestion about discussing the generic foundation year in psychological therapy.

One of the differences discussed was the **emphasis on skills or theory** during training. It was suggested that counselling training was more 'skills based' than psychotherapy training.

The group also attempted to identify sets of skills in each category. However, after a discussion, they found them to overlap, particularly in the area of developing a therapeutic relationship.

"....Everyone would need, I think, to develop a rapport, make a contract".

Particular skills seen to be specific to psychotherapists were initially identified as working with **transference** and long-term versus short-term work. This reflected the questionnaire results.

However, further discussion identified that, in the wider professional field, **neither skill belonged exclusively to psychotherapy, even though it might have been representative of approaches at the Metanoia Institute.** The group recognised that working with transference depended on theoretical orientation. For example, psychodynamic counsellors were trained to work with transference. Even though there was a notion that psychotherapy usually took longer than counselling, it was recognised that both psychotherapists and counsellors were required to work within both short- and long-term contexts.

However, despite the apparent difficulties in identifying clear distinguishing factors, psychotherapy training was identified as *"having more of everything"*. This reflected the current structure and length of training and possibly some underlying status issues. I hypothesised that these difficulties in establishing a clear separation, other than in the length and intensity of training, indicated that the two concepts referred to the same core activity.

- **Relevance of theory in relation to skills**

Questionnaires suggested that students gave more relevance to skills training rather than theory in preparation for clinical practice. During the discussion, it was suggested by one group member that this might have been related to the **construction of the questionnaire**, which seemed to emphasise skills more than theory. Another theme that emerged from this discussion was related to the relevance of a therapeutic approach in the teaching of skills. Two views were expressed.

One view emphasised differences in the way therapeutic approaches taught skills:

> A – *"we did in the *** foundation year, the body process, laying in the foundations and that includes awareness of the body process, and we also include the field theory in the way that we think about the field, the context and the dialectic with a client. They are things that are taught in the foundation year, and they are taught across, but we teach them in a different way.*
>
> C – *"with different emphasis"*

This suggested that even though similar skills could be taught across different approaches, they would be given a different emphasis.

A different view suggested that a theoretical approach was less relevant in practice than the skills of building a therapeutic relationship and the process of interaction:

> C – *"... outcome focus research consistently supports the relationship as crucial to change, irrespective of orientation, which is now only responsible for 8% of the difference. It even dropped in the last 25 years from 15% to 8%.. So it isn't about the orientation, it is about the interaction."*

These views represented **different aspects of the wider professional debate** about single theoretical approaches versus integration. In themselves, they were not mutually

exclusive in the training structure, which aimed to combine a generic foundation year with orientation-specific training in the later stages.

I recognised that the theme that was becoming increasingly clear through the different cycles of this enquiry suggested that a **grounding in specific theoretical orientation was important at the stage of starting clinical practice**.

In effect, the discussion did not answer the question about why students rated counselling skills higher than theoretical knowledge in preparation for clinical practice, other than indirectly recognising that the immediate task of meeting a client and structuring each session were the most challenging tasks for students at this time. The role of theory in training and its translation into practice engages debate and clearly requires further research.

- **Complex clinical skills – diagnosis, assessment and evaluation**

Interviews suggested that teaching diagnosis, assessment and evaluation might be more appropriate in relation to clinical practice than at the level of the foundation year. The outcome of the questionnaires supported this view. Discussing this, the group suggested that one of the underlying reasons behind the students' response may be the high levels of anxiety experienced when beginning clinical practice, together with concerns about immediate issues in the session rather than developing an overview. The terms 'diagnosis' and 'assessment' related to complex skills and were learned gradually, with increasing levels of complexity, over the period of training. The group reasserted that the

very basic level of assessment at the foundation year of training related to identifying and understanding clients' needs, and one's own level of competency.

Summary:

- Specific differences between counselling and psychotherapy at this stage of training could not be identified. Issues of professional belonging and organisational and political factors were seen as underlying the separation between the two. However, it was still suggested that psychotherapy training had "more of everything".
- There is still a question of the role of theory in training in relation to clinical practice.
- Clinical skills need to be taught gradually in increasing levels of complexity.

2. ANALYSIS OF THE GROUP PROCESS

The group started in an atmosphere of confusion marked by **apparent resistance to the concept of the generic foundation year and a distinct lack of enthusiasm**. This was reflected in the **number of contrasts** between the first and second group discussion. The first discussion group had a clear sense of ownership of the generic foundation year, which they referred to as 'our generic foundation year'. The second discussion showed a degree of separation from the enquiry, to the point where there was no recognition that some of the issues and concepts objected to had been first suggested by the group. This was the case with issues such as the similarity between counselling and psychotherapy at

this stage, which led on to the concept of a generic foundation year in psychological therapy.

Similarly, the role of the generic foundation year as a preparation for the start of clinical practice was identified as the primary aim of training in the first discussion, but challenged as a fault in the design of the questionnaire when it seemed to lead away from the significance of a primary theoretical orientation.

I hypothesised that these discrepancies arose from the unconscious group process, which crystallised in a resistance to the development, and highlighted theories of action related to the organisational culture.

The lack of motivation for developing a generic foundation year was reflected in the apparently pragmatic question**: (1) Who is this training for**? and the unspoken one: **(2) Why do we need it anyway?**

(1) Who is this training for? This became one of the major themes re-emerging throughout the discussion. It focused on the role of the generic foundation year in relation to existing training.

The generic foundation year was suddenly relegated to a '*pre*-module' or perhaps for students who didn't have counselling training or *"…just don't yet have what it takes"*

Such positioning of the training year would not lead to any changes in the current design of training; it would simply become an addition, to support less able students.

This theme was also present in the discussion about the differences between counselling and psychotherapy training. Although political and cultural issues underlying the separation between the two were voiced by the group, there was no clarity as to how the content of training at the foundation year would be different. There was still a sense that psychotherapy training was at a higher level and that single entry training would not be possible.

(2) Why do we need it anyway? Although this question was never voiced as such, it was implicit in various interactions, such as the suggestion of offering it as a *'pre- module'* and a statement implying that all the courses already taught generic concepts:

"....which is what I think we do already, but we just talk differently"

Although this could be seen to offer a route for developing generic concepts, I hypothesised that in this context it indicated a lack of motivation for engaging in developing generic training: **If we are doing it already, should we change what we do only for the sake of translation?**

This was also evident in the following interaction:

> A – *"...most of the people who come into the foundation year in *** know that they have already chosen, they've often done a generic year somewhere else actually, or they've done counselling training. So that actually the generic year would only appeal to people who a) haven't had any counselling training and come in or b) are fairly sure that this is where they're wanting to be but have not so clearly decided"*

I hypothesised that underlying this statement there was a concern about the take-up of this training. It also suggested that the current structure of training sufficiently served students' needs.

Following this discussion, I reflected on reasons for such a change between the two discussions. The two groups seemed to offer insight into two different models of organisational theories in action (Argyris, 1995) and **demonstrated two aspects of the organisational culture**.

On the one hand: **1) motivation to investigate the development in relation to the wider context and improve effectiveness of training, reflecting the Model II theory of action**. This theory of action provided a framework for strategy in the organisation, based on valid information and overt intention. On the other hand, the process of the second discussion group highlighted: **2) an underlying aspect of organisational culture related to the allegiance to a theoretical orientation, which was in the service of maintaining the status quo and opposed overt intention.**

My hypothesis that this dynamic was triggered by the process of change was reflected in the fact that one of the group members consulted with her team prior to the discussion. Although, based on this, she voiced her opposition to the generic foundation year within the management team, she did not present it overtly in the second discussion group. According to Argyris (1995) these defensive organisational strategies are internalised and linked to a personal sense of competence, but also prevent the organisational process of learning and overprotect individuals. Identifying such stragegies is particularly important as they can undermine the development of change, which triggers them off in the first place.

I hypothesised that this dynamic was not only related to this organisation, but also reflected a wider professional culture. I began to recognise the internalised importance of

theoretical orientations to individual practitioners, the related sense of safety, belonging and competence, as well as fears of competition and scarcity.

I hypothesised that different departments within the organisational system could be seen to represent different professional groups competing for resources.

Heads of training departments within the Metanoia Institute have a particular responsibility to their own departments and, as such, could be seen to represent their teams. **The notion of generic training was potentially challenging to each of the single theory departments and posed a number of questions:**

- Would it lead to a lack of demand in the provision of single theoretical approaches?
- Could it be threatening to an existing integrative training?
- Could the single entry training into counselling and psychotherapy threaten the existing psychotherapy courses?

These themes only began to emerge at this stage of the enquiry. I started to recognise that the development of generic training in psychological therapy, even when only related to the foundation year, raised complex psychological and organisational issues.

My hypothesis at this stage of the enquiry was that these issues posed a significant obstacle to this development, which was unrelated to the content or structure of training.

Tables below highlight the contrasts between the two groups:

Themes:

- Excitement and collaboration. "our brilliant foundation year"
- Ease of agreeing the generic skills and theories. Conflicting concepts dealt with by:

1. translation and
2. process of moving non-translatable concepts to later training

- Suggestion for a foundation year in 'psychological therapy'
- Main purpose of the year is the preparation for clinical practice

Links to the overtly stated organisational motivation:

- Investigating the new development
- **Responding to the professional field**
- Innovation and improvement of effectiveness and services

Suggests Model II theory of action (Argyris 1995)

First discussion group January 2002

- Lack of energy and enthusiasm
- Single entry training for counselling and psychotherapy is not possible– psychotherapy training has "more of everything"
- Who is this training for? – It could be used for students who "don't yet have what it takes"
- Why do we need it anyway? – Current training sufficiently meets the needs of students
- Emphasis on clinical practice is a fault of the questionnaire design

Does not link to the overtly stated organisational motivation.

Suggests Model I theory of Action (Argyris 1995) – governed by values relating to individuals and organisations

Second discussion group December 2002

In considering reasons for the change in process I reflected on the changes in the membership of the group. Withdrawal of one of the tutors might have indicated her unease with the concepts discussed or her lack of motivation for the development. More senior managers in the second group could have focused the discussion towards organisational issues and highlighted implementation concerns related to organisational resources and reorganisation of existing programmes. This seemed to move the discussion into an 'organisational change' process and trigger defensive strategies, which highlighted the two different models of theories in action (Argyris, 1995).

The contrast between the two groups raised wider issues underlying the apparent resistance to the development, such as:

- Organisational issues, such as resources and restructuring
- Issues of allegiance to the theoretical approach and, within them, personal issues of safety, belonging and competence
- Fears of competition and scarcity

This resistance was highlighted by how I experienced the unconscious process of the discussion and my role within it. The ownership of the generic foundation year seemed to shift from the group to myself. I hypothesised that unconsciously this made it easier to reject the challenge that the generic foundation year began to represent.

I experienced this projection countertransferentially, as if I was being pushed out of the group, becoming someone who didn't understanding the culture (references to the 'fault of the design'). This resonated with my personal history and I experienced some of the distress of not being understood. At this time, the experience of the previous cycle of

enquiry, having maintained a level of separateness from the organisation at the same time as being immersed in the research process, helped me to stay grounded. I supported myself after the discussion by listening to the recordings of both group discussions and checking out my thinking and memory of them. This helped me to recognise the contrasts between the two and to stay interested in the dynamic of the psychological process.

3. DISCUSSION AND CONCLUSIONS OF THE GENERIC FOUNDATION YEAR ENQUIRY

The enquiry up to this point had identified two main areas significant in the development of the generic training:

- **Issues related to the content and structure of the generic foundation year**
- **Organisational and professional themes related to the process of organisational change**

- **Content and structure**

In relation to the content of the generic foundation year, the cycles of enquiry identified generic skills and created a framework for the teaching of theory. During this process, questions emerged about the relationship between skills and theory, the role of theory within the generic foundation year, and wider issues relating to the concept of generic theories and generic clinical practice. The structure of training resulting from the enquiry followed the recognised format of combining theoretical teaching with clinical skills, personal and relational development and agreed formats of assessment. I reflected on

these issues further as I created an outline of the programme, which I was invited to present to the management team for evaluation and consideration of feasibility and implementation. I will present this process in the chapter related to implementation (Chapter 5).

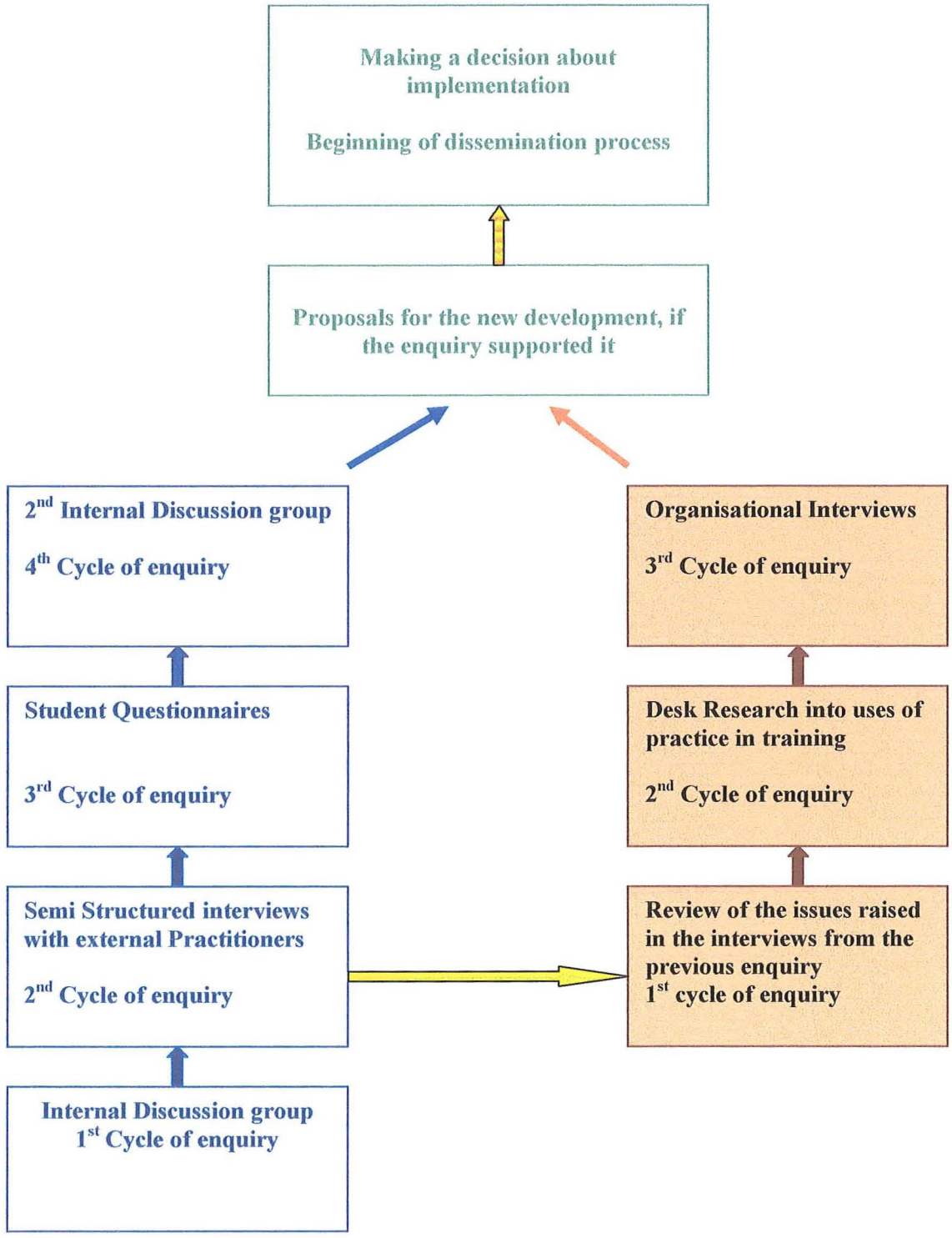
- **Professional and organisational context**

Themes relating to the professional and organisational contexts emerged throughout the process of enquiry, in relation to the differences between counselling and psychotherapy training and the overall concept of generic training, and began to identify obstacles to the development.

I will present a fuller analysis of both areas and their relationship to the wider professional field in the chapters on implementation (Chapter 5) and in the final discussion of the project (Chapter 6).

Having followed the cycles of enquiry relating to the generic foundation year, I continued the process of enquiry relating to the development of internship.

CHAPTER 4: INTERNSHIP ENQUIRY



Generic Foundation year enquiry

Internship enquiry

FIRST CYCLE OF ENQUIRY:

REVIEW OF INTERVIEWS INTO THE GENERIC FOUNDATION YEAR IN RELATION TO INTERNSHIP ISSUES

1st Cycle of the enquiry –	2nd Cycle of the enquiry	3rd Cycle of the enquiry
Review of the issues raised in the generic foundation year enquiry	Desk research into uses of practice in training	Organisational interviews
December–April 2003	December–April 2003	15/4/05 28/4/04

During the interviews for the generic foundation year enquiry, I asked preliminary questions about internship issues and, more widely, about clinical practice during training. I linked the foundation year to developing readiness for clinical practice and the interviews were an opportunity to have input from practitioners external to the Metanoia Institute.

Content analysis of these interviews highlighted issues related to:

- Client protection and issues of accountability
- Students' individual needs and learning styles
- Wider issues of generic clinical practice
- Possible limitations in developing internship.

- **Client protection and issues of accountability**

Views on client protection and accountability of training organisations were closely linked and indicated a need to address the ethical issues related to clinical practice prior to qualification.

The two interviewees who stressed client protection and evaluation most strongly were the researcher (Interview 1) and the provider of psychological therapy services (Interview 2) who also both referred to the **limitations of supervision**, as a subjective process, in the evaluation of clinical practice.

> Interviewee2 – *"...I'm sure that a lot goes on between therapists and clients that we never hear about, never gets into supervision and yet we might as a training institution, we might rely on the supervisors report of whether somebody's an effective counsellor or not."*

One of the difficulties here was related to **differences in priorities between training establishments and placement organisations.** Placement organisations have the foremost responsibility for both clinical work and client protection. The primary responsibility of training institutions is to teach practitioners. They usually have only a limited contact with a number of placement organisations. These different contexts mean that the feedback from placements might not always be taken on board by the training institution (Interview 2 – EAP provider).

Several interviewees referred to these issues and suggested methods of increasing accountability and protection by:

- Using detailed **supervisors' reports** as the explicit assessment tool (Interviewee 7 – Cognitive Analytic Practitioner based in the NHS)
- **Integrating and involving supervisors with training institutes** in order to ensure the compatibility of assessment standards between the training institute and a practice placement. (Interviewee 5 – Integrative practitioner based in a private institute)

- Developing **a feedback loop within a system of clinical placement** which would involve a student, their training establishment and the placement organisation, thus giving feedback on organisational issues, such as students' reliability, record keeping and organisational relationships (Interview 8 – CBT practitioner).

These views reflected the organisational background of particular interviewees and seemed to suggest that **issues of accountability, assessment of clinical practice and evaluation were more apparent in large organisations concerned with service provision and research, rather than in training institutions. This gap between the two highlighted an ethical concern**.

It might be suggested that these differences in organisational priorities could be addressed through simple improvements in communication between organisations. However, my experience at MCPS suggests a deeper issue.

Managing the internal placement service, I still experience the same gap between clinical training and formal teaching. This implies a question about the role and integration of clinical practice during professional training and highlights the need for a more comprehensive structure to address it.

- **Individual styles and pace of learning**

Although the concept of attending to individual needs, learning styles, skills and personal differences during training was present in several interviews, Interviewee 9 (integrative practitioner connected to university) discussed this concept in most depth. He stressed the

importance of taking students' **individual learning styles**, as well as their **personal background** and **gender-related learning styles**, into account throughout training. He thought that taking responsibility for one's own learning was one of the important outcomes of training.

In my experience, clinical practice during training is one of the areas where students' individual needs are particularly important. The 'common factors' research stresses the importance of relational skills in effective clinical practice. In my experience, development of these skills follows a very individual route, and implies that students need far more individual attention and feedback during this time.

One way of taking individual needs of students into account is '**apprenticeship**', a concept referred to by both Interviewee 9 (integrative practitioner connected to university) and Interviewee 7 (cognitive analytic practitioner based in the NHS). This concept was also described by Norcross (1986) as one of the components of the generic training outline he suggested. This model differs from the current training system, which offers individual support in the form of clinical supervision. It suggests a greater level of individual contact, overview, training and evaluation.

- **Issues of generic clinical practice**

At the start of the enquiry, I wanted to find out whether a generic structure could be developed for both the foundation year and the internship. However, it became clear during the first part of the enquiry that generic clinical practice during training was related to issues of generic theory. In particular, this related to difficulties in formulating the basic generic theory that would directly support clinical practice. The only two interviewees who thought that generic practice was possible were the researcher

(Interview 1) and the provider of psychological therapy services (Interview 2). They focused more on the outcomes of psychotherapy and similarities between practitioners. This suggested that, **although a number of approaches shared a generic structure and common factors, this was not sufficient to create generic practice in the initial stages of training.**

- **Potential limitations in developing an internal practice placement**

While stressing that internal placement has some of the same benefits as internship, Interviewee 3 (person-centred practitioner based at university) also foresaw a possible difficulty in not having enough external input during training:

"... I can see that we could then simply develop people in our own image"

This to me suggested that **internship, linked to only internal placements, could become an incestuous, closed system** that would not facilitate students' individual development or offer diversity. It indicated the importance of having a training system that could offer containment and safety whilst being open to the external environment.

Summary of themes:

- Ethical issues – client protection and issues of accountability
- A need to address students' individual styles and the pace of learning
- Role of theory in relation to clinical practice – Although many approaches shared a generic structure, this was not sufficient for generic clinical practice at this stage of training
- A need to balance the containment of an internal system with external input during training.

SECOND CYCLE OF ENQUIRY:

DESK RESEARCH

1st Cycle of the enquiry –	2nd Cycle of the enquiry	3rd Cycle of the enquiry
Review of the issues raised in the generic foundation year enquiry	Desk research into uses of practice in training	Organisational interviews
December–April 2003	December–April 2003	15/4/05 28/4/04

I focused the desk research on investigating the use of practice in training in related professions, such as clinical and counselling psychology (in the US and the UK), medicine and the use of brief vocational internships in university settings (the Middlesex University). I compared these to the current practice of using placements in counselling and psychotherapy training.

To review the current use of clinical practice and training requirements for psychological therapists, I used training handbooks at the Metanoia Institute. During this process, I looked at training handbooks of six different courses in order to establish similarities and differences in training objectives for different approaches. All these courses were accredited by the national umbrella organisations (UKCP and BACP) and representatives of the national standards in training. I also reviewed systemic family therapy training, which offered a different structure for placements and training.

In addition to my experience in managing MCPS, I used my own experience of having worked within voluntary agencies outside the Metanoia Institute, and of supervising students in different placements, to reflect on these practices.

I have analysed the content and structure of all these approaches and related them to other training in psychological therapies in terms of their applicability and appropriateness. I further reflected on these issues in the third cycle of enquiry: semi- structured interviews. **Although all approaches combined elements of formal teaching, practice and assessment, they varied in the levels of structure they provided and in the timing of practice placements.**

1. USE OF PRACTICE PLACEMENTS IN COUNSELLING PSYCHOLOGY, COUNSELLING AND PSYCHOTHERAPY TRAINING

Clinical practice training in counselling, psychotherapy and counselling psychology in the UK is based on the use of placements.

All approaches within the Metanoia Institute, including counselling psychology had a very **clearly defined training structure and expected students to begin to practise in the second year of training**. All training courses, irrespective of the theoretical orientation, focused teaching input on developing the working alliance. In addition, they addressed clinical practice issues, such as assessment and diagnosis, treatment planning and human development, from their particular theoretical backgrounds. Integrative psychotherapy, counselling psychology and TA psychotherapy also stressed the development of a research attitude to practice.

However, there was **no such clarity about the role of clinical placements during training**. Although all students were supposed to start their clinical practice in the second year, they were responsible for finding their own placements. At the Metanoia Institute, this could be through MCPS or an external agency. All courses had requirements about

the minimum number of clinical hours students had to complete in order to continue training. Reflection on the process of clinical practice primarily took place under clinical supervision. Although some placements provided their own supervision on site, training supervision took place with primary supervisors and was orientation-specific. Students were expected to choose and contract a self-employed supervisor from a list supplied by their training course.

In this context, supervision took place outside both training and placement environments. In my experience as a tutor, there is usually only indirect feedback from practice placements. Students are required to produce a number of essays on their supervised practice, showing how they used supervision in their work. Supervisors give a written report to the course twice a year.

From my experience, methods of reflection on clinical practice vary in different training establishments. Some (like the Metanoia Institute), require that students audio record their work and use these recordings in the supervision process. Others (primarily those with psychoanalytic approaches) see recording as an intrusion into the clinical process and rely on self reporting by students and the analysis of unconscious material. A different approach is used in systemic family therapy, which uses live supervision and immediate observation of clinical practice through a two-way mirror.

Systemic family therapy training offers a different structure for placements and training. Students are expected to already be working within the setting where they will practice. Most of these placements are within the NHS. In this aspect, this training approach has more similarities with structures of medical training and clinical psychology placements.

In conclusion, different approaches to psychotherapy/counselling training have different placement requirements in terms of the supervision process, number of clients and ways of monitoring the clinical practice.

In **counselling psychology training** at the Metanoia Institute, the placement providers have a responsibility to ensure the availability of appropriate learning opportunities. They are expected to have internal policies for dealing with complaints and regularly review effectiveness of their policies and procedures. As placements are usually based in organisations outside the training institute, it is unclear how these requirements might be assessed. The level of integration of learning and the methods of assessment are also not specified. References are made to students' protection – their rights and responsibilities – and the need for adequate provision of support in preparation for, during, and after placements. However, it is again not clear what would be expected of the training institute in this process. Although it is suggested that both organisations would share clinical responsibility, the extent, process, and implications of this sharing of roles are unclear. As such, placement provision in clinical psychology training does not differ from the way placements are used within counselling and psychotherapy training in the UK.

2. HIGHLY-STRUCTURED APPROACHES – INTERNSHIPS (CLINICAL PSYCHOLOGY AND MEDICINE)

The highly-structured approaches I reviewed included clinical psychology training in the US, Canada and the UK and medical training in the UK.

The term **internship** is used in clinical psychology training in the US and Canada. The Association of Postdoctoral and Internship Sites (APPIC) defines it as:

"an organised training programme, which in contrast to supervised experience or on the job training is designed to provide the intern with a planned programmed sequence of training experiences. The primary focus and purpose is assuring breadth and quality of training.".

Training, in common with clinical psychology and medical training in the UK, provides a **high level of structure in the process of integration of clinical practice and training**.

Practice is also used in the training of qualifying medical doctors, both during their undergraduate training (through brief practice sessions and observation) and at a postgraduate but a pre-registration stage. At the Wessex NHS, the latter scheme is referred to as PRHO (Pre-Registration House Officer) and has similarities to how practice is used in the training of clinical psychologists.

All these approaches contain elements of:

- **Clinical practice**
- **Academic teaching and research**
- **Student assessment and support.**

- **Clinical practice**

Clinical practice during clinical psychology training is structured. It has a ratio of practice in relation to formal teaching. In the training of clinical psychologists in the UK, clinical practice takes approximately half the working week (2–3 days per week, depending on the university). In the US, interns spend at least 25% of their time on face-to-face client contact. Practice during the medical internship is also structured. It takes place within the hospital setting and is a part of the core education programme.

The primary aim of practice during training in clinical psychology is to **offer core clinical experience** in the areas of clinical psychology work (mental health, learning disabilities, children and families, etc.).

- **Academic teaching and research**

Internship structures take into account **the need to coordinate academic teaching and clinical practice.** This is done either by allocating a minimum number of hours to teaching (APPIC; medical training in the UK) or by coordinating training with placement needs (clinical psychology training in the UK).

In practice, levels of coordination vary across universities (Clearing House for Postgraduate Courses in Clinical Psychology, Handbook, 2004).

During clinical psychology training in the UK, formal teaching input in the first year focuses primarily on assessment skills, problem formulation and techniques required for clinical work. In the second year, teaching emphasises specialist areas of practice. The third year is focused on conducting a research project.

This structure of training shows awareness of the need to support students in their early clinical practice by teaching clinical skills and theories before moving to specialist areas and research.

Clinical psychology students are expected to engage in individual research projects during their training in both the UK and the US. The **scientist-practitioner** concept is frequently referred to and reflects a much stronger emphasis on research than in counselling and psychotherapy training. Clinical psychology training in both the UK and the US leads to a doctoral degree. This academic level suggests a higher degree of research experience than is usually the case in counselling and psychotherapy training. However, even this approach to training does not necessarily lead to integration of the scientist-practitioner model with clinical practice, as evidenced by the literature referring to the gap between research and practice (Goldfried and Wolfe, 1996).

- **Assessment**

One particular aspect of internships is that **all the elements of training are assessed, including clinical practice.** Although different universities offering clinical psychology training in the UK have different assessment structures (some require students' portfolios; some have final examination and a *viva*), there is a strong overall emphasis on **evidence-based practice**. Internships in the US and Canada evaluate interns' performance at least twice a year. This assessment leads to the award of the Internship Certificate. Academic understanding and clinical practice are assessed separately in the UK, and some universities require students to pass each component independently for every year of training. The APPIC requirements add to this by suggesting that **the number of completed clinical hours forms a part of the assessment** (1500 hours). The

duration of internship is limited in the US and Canada and lasts between 9 and 24 months. This allows for flexibility and attention to the individual needs of students and, at the same time, sets professional standards. The assessment of PRHOs is conducted through the **process of appraisals and development of learning agreements**. There are normally three appraisals (within ten days of starting, at mid-term and at the end of the post). Each appraisal must result in a written learning agreement and become integrated into the student's learning portfolio.

In the UK, where the emphasis is on clinical governance in patient care within the NHS, client safety is an overriding concern. Because of this, it is seen to be important to recognise early problems in training, offer support to PRHOs and communicate with everyone involved in their training. 'Robust procedures' (Wessex NHS, website, 2004) are followed for the assessment of PRHOs and their recommendation for full registration.

- **Student support and protection**

Different levels of support are structured within the internship system. This is partly defined by APPIC through the requirements of the internship agency, which state that agencies must have a **written programme which includes the goals and content of the internship as well as clear expectations about quality and quantity of the trainee work**. As within the medical training in the UK, interns have a title during this work, which designates their trainee status.

Another level of support is offered though **the individual relationship with a senior member of staff.** Within each of these formats (the APPIC system, UK clinical psychology training, medical training) there is a designated person responsible for the

training element and a senior practitioner who supervises interns' clinical practice. However, it is the role of supervisors to balance students' support and assessment needs.

3. BRIEF VOCATIONAL INTERNSHIPS

In contrast to the highly structured approaches, brief vocational internships, such as those offered by Middlesex University, offer students an opportunity to familiarise themselves with the work environment, enhance their skills and career prospects and make an active contribution to the organisation they are placed within. These internships take place during the university summer programme and last six weeks. Although they vary in structure and assessment requirements, all contain a **mixture of work and teaching**, **have a tutor, an employer,** and use the process of **self-assessment**. They all use internship diary as a method for part of the assessment.

Although different from psychological therapy in duration and intensity of training, this shows that a well-structured internship programme in psychological therapy could be applied to other professional training.

THEMES EMERGING FROM THE DESK RESEARCH

These different approaches show a number of ways that clinical practice could be used, structured and assessed during professional training.

Generally, placements aim to offer students an experience of the working context and to benefit the organisation providing the placement. In professions leading to clinical qualification, placements are an essential component in the development of clinical skills.

Overall, **internships aim to offer a structure that enables coordination between clinical and academic contexts and facilitates the process of transferring clinical skills to practice**. However, although coordination is a requirement, the degree to which it succeeds and is applied vary in practice. The structure of the assessment process in internships has a potential to provide safety for both students and clients. I wondered how the assessment process might simultaneously take students' individuality into account and combine rigour with flexibility.

Internships in these professions are offered in **the final stages of training** and assume that the development of basic skills has already been achieved. In comparison, psychological therapies use clinical placements much earlier in training. This raises a question about the appropriate timing of a potential internship in psychological therapies. Internships in clinical psychology and medicine are funded and have a **link to future employment**. I hypothesised that this had an impact on both students and placement organisations and positively affected their motivation for effective practice, clinical safety and levels of coordination.

In contrast to the approaches to internship**, the current use of practice placements during counselling, psychotherapy and counselling psychology training** offers a more **flexible structure**. This approach gives responsibility to students to choose and organise their placements, organise their supervision and choose the material they present to supervision. This is a learning process in itself, and facilitates students' personal responsibility and their role of **becoming active partners and collaborators** in their own training. However, it also raises questions about:

- Levels of coordination between clinical practice and training

- The role of supervision in this process
- The relationship between supervision, clinical practice and training
- The assessment and ethical issues involved in clinical practice prior to qualification
- The stage of training appropriate to starting clinical practice.

Summary of themes:	Questions arising:
<u>Highly structured approaches:</u> • Internship structure aims to provide coordination of practice and training and teaches application of clinical skills to practice • Assessment during internship provides protection for clients and students • Internships assume the existence of basic skills and are usually offered at final stages of training • There is a link between employment and internship	• What is the level of coordination between clinical practice and training? • What is the role of supervision in the assessment process? • What would be the appropriate stage of clinical practice training for psychotherapists and counsellors? • Raises political issues related to funding of training
<u>Current Use Of Placements</u>: • Offers flexibility • Students take a responsibility for their learning • Offers external input in practice and supervision	• How can ethical issues of protection be addressed in this system? • What is the impact of the lack of coordination and feedback between clinical practice, supervision and formal teaching? • How could clinical practice be assessed?

Working at MCPS, I recognise how, on the basis of the students' clinical work, I develop a particular insight into the functioning of training programmes. This gives me a view about students' training needs and how well teaching prepares them for clinical practice. I recognise that this could be a valuable feedback to training programmes. Because of this, I recognise the gap within the existing internship structures and training and question how 'the knowledge of practice' (Hoshmand and Polkinghorne, 1992) could play a role in providing feedback to formal training and in developing its effectiveness for clients and students.

In order to explore further how these issues were reflected in practice (particularly at the early stages of training) compared to my experience of an internal placement, I engaged in interviews as the third cycle of enquiry. In these interviews, I focused on specific issues arising in organisations that combined practice and teaching.

THIRD CYCLE OF ENQUIRY – INTERVIEWS

1st Cycle of the enquiry –	2nd Cycle of the enquiry	3rd Cycle of the enquiry
Review of the issues raised in the generic foundation year enquiry	Desk research into uses of practice in training	**Organisational interviews**
December–April 2003	December–April 2003	**15/4/05** **28/4/04**

Based on my experience of the previous part of the enquiry and in order to keep the enquiry focused, I decided to conduct only two interviews. Both interviews were related to organisations with internal structures applicable to the concept of internship and that represented different levels of structure and containment.

My **first interview** was with a senior practitioner related to one of the national therapeutic community networks for mental health. This organisation had its own internal college and, in the past, used to operate a "Trainee Scholar Scheme", which combined work experience with training. I was interested in the issues arising from this approach because of the structure of 'on the job training' and the high degree of containment that related it to **the apprenticeship model**.

My **second interview** was with a university counselling service, which combined some **internal training with clinical practice placement** and had a very good reputation as a placement service. Students on placement in this service were in ongoing training at different institutions. I was interested to find out the current issues the placement organisation had to deal with when placing trainees and the training needs they observed from their perspective of focusing on clinical practice. I was also interested how the way they functioned compared to my own experience in an internal placement organisation.

I again used the format of semi-structured interviews, which provided an opportunity for sharing information and reflection on the emerging issues, whilst retaining the focus of the enquiry.

I analysed the content and the process of both interviews and reflected on emerging themes. They both clarified organisational issues as well as training needs and offered a reflection on different aspects of practice during training. They also offered insight into some of the difficulties present within the current system of training and possible difficulties related to the development of internship.

At the end of this cycle of enquiry I formulated a training proposal for internship in psychological therapy training.

1. INTERVIEW NO. 1:

Therapeutic Communities For People With Mental Health Problems (Apprenticeship Model)

This organisation used to run residential projects on a therapeutic community basis, primarily within the mental health field. Projects didn't offer psychotherapy, but a combination of psychological and medical treatments in conjunction with learning and support in a communal, structured, therapeutic environment. The treatment programme focused on developing everyday living and relationship skills rather than working with a purely psychotherapeutic focus. However, the two areas overlapped and individual counselling and groupwork were offered as well. The therapeutic programme involved a practical structure of day-to-day living combined with a number of group treatments and individual counselling. The structure of staff teams combined experienced mental health

practitioners with junior members, such as "trainee scholars". Therapeutic communities were run along broad psychodynamic lines. Psychodynamic groups were used to facilitate members of staff as well as residents. The organisation had its own college and provided an in-service, two-year training to junior members of staff who normally joined the organisation with no prior experience in the field. During this interview, I particularly focused on the "trainee scholar" scheme. The programme combined training and practice with clients within a contained therapeutic environment. The emphasis on 'on-the-job training' and direct observation of trainee scholars made this scheme similar to apprenticeship.

I had personal experience of this organisation. Seventeen years ago, I worked there for three years in different therapeutic communities. Later, I also ran several training workshops at their college.

I conducted the interview with a former member of staff who had been trained initially under the scheme, later worked as a manager and a supervisor in different therapeutic communities and was finally a tutor in the in-house college. I chose this particular person for an interview because he experienced the organisation from different positions over a sixteen-year period and I considered him to be knowledgeable about the organisation and its in-house training, while having sufficient distance to reflect on it.

The interview addressed issues of:

- Training
- Practice
- Supervision
- Personal development
- Assessment

- The wider use of training
- Difficulties within the trainee scholar scheme.

- **Training issues**

Training within the scheme consisted of two strands – a day release at the college and working full time. This was combined with living in the therapeutic community for at least some of the time. The overall approach to formal teaching was based on psychodynamic groupwork theory. This was integrated with areas of theory and practice related to the mental health field, and was **strongly experiential**. In addition to psychodynamic understanding, some medical knowledge and theories of human development were included.

- **Practice**

Within their projects, trainee scholars worked as group facilitators as well as with individual clients – in the same way as any other team member. A particular aspect of the teamwork was *"the pre- and post- groups"* meeting, which preceded or followed the treatment groups. These offered staff teams an opportunity to plan, coordinate and review their work immediately after the event. In my view, the **immediacy of this approach, with its wealth of feedback,** provided a high degree of **containment to trainees**.

- **Supervision**

There was a strong emphasis on supervision within the organisation. Supervision was on a one-to-one, weekly basis and **focused on linking practical experience with training**

and the personal process and needs of the trainee. The organisation primarily used the Hawkins and Shohet (2000) model of supervision.

The "group dynamics" meeting provided additional reflection on both the practice and the process of working relationships. This was an open psychodynamic group with an external facilitator. The level of reflection was not skills-based, but focused on transferential processes within the staff group in relation to the wider issues of the therapeutic community and client work.

- **Personal development**

The requirement for this was implicit rather than explicit. In my interviewee's experience, the implicit nature of this requirement caused particular difficulties. He saw **personal development as an essential part of training.**

> "... *I think that there was a particular stage, about 3–4 months into it, this is particularly for someone who really hasn't had any training before that, about 4 months into it, they would start to get really scared that they were mad, they would start to recognise that the things they saw in the client group were also a part of themselves. If they either didn't look into themselves or didn't have that help there would be one or two things they were going to do – they were either going to leave 'costhey were too frightened, or they were going to get so much into their own stuff that they would get lost in it, get into too many difficulties they couldn't contain, but also they would become very frightened of the client group and push them away in some way and see them as very different, which would prevent the therapeutic work from happening.*

... they would find it very difficult to form relationships with the client group, they got too much into control or very much colluded... ".

- **Assessment**

Assessment of trainee scholars focused on their relationships with clients and the staff team, their skills and personal development. Assessment involved clients, the supervisor and members of the team. However, it was broad-based and the progression through training was annual rather than individually assessed.

Although the progression though training was annual, my interviewee recognised some **qualitative differences** when trainee scholars were ready to move on: **openness to own process and willingness to explore, interest in other people's process, not getting lost in the detail of the work, planning treatment and developing an ability to give a realistic, helpful feedback.**

- **Wider uses of training**

The scheme led to trainee scholars moving into different professions – social work, psychotherapy, care management, psychology as well as some unrelated professions. My interviewee received feedback about the usefulness of the skills learned in a wide range of life and professional circumstances.

- **Difficulties**

The scheme was **an intensive process requiring a high level of motivation**. There were a number of **dual relationships**. My interviewee referred to this situation as being a "

"delicate system requiring a lot of maintenance and if not it can get very mad and destructive... "

Because of this, the organisation needed structures to *"hold it together"*– to explore the dynamics and deal with them. A manager external to the particular project, with skills and experience to make observations about the process, was a necessary part of this 'maintenance'.

In my interviewee's view it was important to **balance the internal and the external training input.** It was useful to have a day of training outside the project (in this case a training day at the internal college). This gave fresh input into the project and provided an external place for trainees to reflect on issues.

The scheme was, in my interviewee's opinion, too experiential. He thought that more theory would have given a wider range of understanding to trainees and helped them to monitor their own performance. The **theory** that was used, seemed to be **too eclectic to provide a meaningful holding to trainees.**

> *"... I see that in other bits of the therapeutic community as well, it's so experiential at times .... Actually I think that's a real weakness. As my theoretical knowledge grew, it gave me much better ways of understanding things, describing things, monitoring my own performance, monitoring other people's performance, so I think it is an important element and should be much more so."*

This view again reflected the importance of a clear theoretical framework in clinical practice and self-supervision.

Themes and questions

Although developed in a mental health setting, the structure of this scheme contained several elements that could be used in counselling/psychotherapy training:

- A combination of training and practice
- Immediacy of training feedback
- A clear emphasis on the use of supervision
- Stress on the importance of personal development and awareness.

The nature of therapeutic communities is about breaking the hierarchy between clients and staff. This meant that all treatment groups involved staff with different levels of experience. I wondered if some of these groups might have been difficult for the most inexperienced members (trainee scholars), who might have feared exposure and failure. Although the scheme potentially offered a lot of containment, encouragement and support to trainees, the high degree of exposure sometimes seemed to have elements of a 'sink or swim' attitude. This required a high degree of personal robustness and motivation. In my view, this highlights the need to offer a level of flexibility in the internship that allows for a student's individual pace and needs.

In my experience, themes related to personal development issues of over-identification and collusion with clients or exaggerated professional distance, and difficulties in training and supervisory relationships, mirror the personal development needs of counselling and psychotherapy students. They also reflect the wider literature on the importance of self-

awareness in establishing the therapeutic relationship (Wampold, 2001 and McLeod's emphasis on the importance of personal development in practitioners' self care, 2003). The issue of personal development was again reflected in the interviewee's suggestion that training had a personal use for trainees. In response to this, I reflected on my own experience of the importance of the training process for me as a person and importance of personal development in the overall provision of training.

I related qualitative differences regarding the trainee's stage of development (developing an overview and giving realistic feedback) to counselling and psychotherapy students. I wondered whether they suggested generic stages in the learning process. I related them to the wider literature on stages of practitioner development identified by Dreyfus (1986) and Schon (cited in Hoshmand and Polkinghorne, 1992), which explored progression to the stage of the 'expert practitioner', able to hold a multiplicity of views in the midst of action.

The intensity of the apprenticeship model in this context suggested several issues relating to boundaries and seemed to be reflected in the interview process. During the interview, it seemed difficult to focus exclusively on the trainee scholar scheme. The interviewee kept going back to the work of projects and teams. Transferentially, this seemed to reflect the experience of merging boundaries and dual relationships within the organisation. It also indicated a possible risk of internship – the internal nature of training, practice and supervision would need to contain very clear boundaries and structures to offer 'maintenance' and clear communication.

Summary of themes and emerging questions:

Apprenticeship themes relevant to psychotherapy training:	Questions arising:
• A combination of training and practice • Immediacy of training feedback • A clear emphasis on the use of supervision • Balance between the internal and external • Importance of personal development and awareness. • Importance of balancing the theoretical and experiential • Role of theoretical approach in providing psychological safety during early practice.	• Questions about integration and balance between theoretical teaching, clinical practice and assessment • Importance of boundaries and dual relationships within an internal training system • Early assessment of practice could exacerbate students' fears of failure. How could I design a model that would take students individual needs into account?

2. INTERVIEW NO. 2

University Counselling Service

The organisation in which I chose to base the interview provides an integrated service of well-contained clinical placement, supervision and some training. It offers a two-year placement to counselling/psychotherapy students on both internal and external university courses. Clinical assessment of clients is by senior counselling staff who also supervise students.

I conducted a semi-structured interview with the manager of the service and one of the senior counsellors. The interview focused on the structure of the placement and issues that arose from the dual purpose of providing the service and catering for the needs of student practitioners.

The interview addressed issues of:

- **Assessment of clinical competence**
- **Developmental issues in supervision**
- **Training**
- **Clinical assessments.**

- **Assessment of clinical competence**

In the view of my interviewees, a placement normally started to assess students' clinical competence at an earlier stage than a training course.

B – *"... they may have been here for two years, you know training and building up their skills with us. So we've already made those assessments of competence, so it seems ironic that they're getting that assessment at the end of somebody's course".*

The interviewees thought that it would be better to offer early formative reports rather than just an evaluative report at the end of the academic year.

In this service supervisors, listened to audiotapes of clinical work and offered feedback to students both individually and in the group. At this stage, they assessed issues such as: ability to form a working alliance with a client, ability to stay with the client's agenda, ability to hear the emotional pain of the client, student's psychological mindedness, etc. Problems they identified at this stage were mostly related to students' personal development and functioning (such as trainees not having reached a sufficient level of emotional awareness or maturity, or experiencing an emotional crisis).

The structure of formative reports offered by the service reflected practice in other fields, such as medicine and clinical psychology. In my experience of counselling and

psychotherapy training, requests for supervisors' reports rarely include reports from placements.

Performance evaluation and quality control were identified as being important in the service. Interviewees suggested that there could be differences in minimum standards between the training course and the counselling provider. They emphasised this from service provision perspective.

> B – *"I think courses vary enormously in the quality of their selection procedures at the time when there is a lot of competition for filling courses, maybe the criteria for joining courses are not as rigid as maybe ours will be for joining us."*

The implication that selection **procedures of training institutions are affected by the competition** reflects a difference in aims between training and service provision. This view also introduces another factor – **the financial dependence of training establishments on student fees** as distinct from the independent funding of most placement organisations.

- **Developmental issues in supervision**

Provision of support, development of confidence and self-esteem in supervision were all seen as very relevant at this stage because of students' levels of competency and training. These requirements **had to be balanced with the evaluative role of the supervisor**. Supervision also appeared to have a role in the **integration of training and practice**. Interviewees suggested that, when beginning training, students used supervision to learn how to establish a therapeutic alliance, then, after a few sessions with a client, supervision would start to focus on developing a treatment direction.

Students' supervision needs to be changed over time and there was a qualitative difference in the work and supervision of trainees in the second year. By then, students had developed more of an ability to look at the time frame, hold more complex concepts, become more aware of supervisory dynamics, develop less transference with the supervisor, keep a sense of direction of treatment and challenge appropriately.

The service offered **mixed skill supervision groups**. These placed particular demands on the supervisors who needed to have a high level of experience and sophistication. Students also took up different roles during different stages of their placement. More experienced students helped with the anxieties of the newer arrivals, although it was recognised that this type of group is sometimes less useful to students who have more skills.

- **Training**

The service offered training to students on placement, which was in addition to the training they received in their courses.

A – *"I think on their training courses, I don't know how much they get about the business of conducting counselling-assessment, beginnings, establishing contracts... you know all that stuff. We do a lot of it in the induction"*

Throughout the discussion about the provision of training, there was an apparent **tension between the placement and training courses and a concern about the level of skill trainees brought into the placement.**

B – *"Maybe we would be better off just saying to the training courses look people are coming in and they are supposed to have core skills but they don't know how to*

reflect, they have the core skills but they don't seem to understand how to work with transference... "

This raised issues about what expectations a placement organisation should have of training courses and of how the training roles were divided. It suggested that formal teaching didn't always sufficiently address the needs of clinical practice.

- **Clinical assessments**

At this service, senior practitioners provided clinical assessments as well as supervision for students. The impact of this combination of assessment and supervision was that a student might give too much power to the person doing the intake and there was scope for confusion due to attachment to the client through the assessment. The same combination of roles could also be helpful, particularly when the supervisor and the student formulated the presenting issues in a similar way.

However, it was seen to be important for the senior practitioners to have responsibility for clinical assessments in order to attend to safety for clients and students.

Themes and questions

This interview provided an interesting insight into the **issues and needs of the placement provider.** An underlying theme throughout the interview was the **overlapping roles and difference of responsibilities between the placement provider and the training institution.**

- Should the placement provider have requirements of a training course or just provide the necessary training itself?

- How much should the placement provider be a part of the overall student assessment?

Both of my interviewees identified some tensions between service provision and formal training. Inevitably, an organisation with a primary purpose of service provision has at its core a responsibility to provide a level of **quality in their service provision**. This was clear in the emphasis on selection procedures, quality control and evaluation. From this perspective, interviewees reflected on the fact that courses apparently attended in varying degrees to "**the business of conducting counselling**" (assessment, beginnings, establishing contracts etc.). The degree of variance and the fact that students might be unprepared for clinical work (even though they had been assessed by their training college as ready) was clearly a concern.

Another difficulty in the process of assessment of competency was created by the **focus on the number of clinical practice hours students needed to complete in order to fulfil the training requirements, regardless of their learning needs**.
Issues of clinical competence are a major concern for service providers and, because of their closeness to practice, they can offer an earlier assessment of these issues – something that is not currently used to its best advantage by training courses, particularly when placements are external.

The issue of maintaining a balance in training provision between the placement and the training organisation was mentioned, reflecting a lack of clarity and overlapping aims of the two organisations. There was a clear need to **integrate training and practice from the point of view of service provision.**

Some difficulties were created by the timing of the academic year. Students often seemed to be starting placements and training at the same time, not having had time to learn about the issues of starting with clients or the use of supervision.

The timing of teaching was crucial to the process of integration of training and clinical practice and this impacted on clinical work. Training in "the business of conducting counselling" was seen as central and interviewees stressed the need to teach some of these basic skills prior to the start of the placement. This reflected the enquiry into the generic foundation year where these skills were particularly highly rated by both students and senior practitioners.

Even though I worked in an internal placement, I strongly resonated with all the issues raised in relation to students' readiness for practice, apparent differences in placement and course assessment of students, and the need to have a stronger clinical focus in the training process. From my own experience, I questioned whether these difficulties could be solved with a simple attention to communication and feedback. Working in an internal placement I had ample opportunity for communication but, in practice, it mostly happened when there was a problem. The similarity of experiences between the internal and the external placement again indicated to me that these issues were not related only to external practice placements, but suggested a need for a different approach to integration between clinical practice and training.

Themes:	Questions:
• Placement organisation has a strong focus on issues of clinical competency in assessment, teaching and supervision • There is a gap between clinical placement and teaching in the level of assessments, priorities in teaching and supervision	• How can the gap between clinical practice and training be addressed? • What is the responsibility of the training institute in relation to students' clinical practice – even if the practice takes place outside the training institute? • What is needed to bring about the integration of clinical practice and training?

INTERNSHIP ENQUIRY – OVERVIEW OF THEMES AND QUESTIONS:

Generic Foundation Year Themes related to clinical practice	Internship Themes:	Specific Internship Issues:	Questions Arising In Relation To The Internship:
Content Issues: • Aim of the foundation role to prepare for the clinical practice training	• Integration of training and clinical practice	1) Coordination of training input and clinical practice	
		2) Role of theory in relation to clinical practice	– Is it possible to have generic clinical practice at this stage of training?
		3) Balancing the theoretical and experiential	– What is the function of theory at this stage of training?
• Therapeutic relationship as the central concept in training • Content of: 1) Generic skills 2) Theoretical and professional knowledge	• Teaching clinical practice	1) Timing of clinical training	– In view of the overall training process, what is the best time for a structured approach to teaching clinical practice?
		2) Role of supervision	– What are the particular features of training supervision?

	• Ethical issues	1) Client protection 2) Assessment of students in relation to clinical practice 3) Accountability of the training programme for effective clinical practice	– What are the best ways to ensure containment ad protection, while allowing flexibility and openness?
• Importance of personal development and epistemological styles	• Individual issues	1) Importance of individual learning styles and pace	– How could students' individual needs be balanced within a structured training programme?
Organisational And Issues Of Professional Culture: • Organisational investment in the current system	• Contextual issues	1) Drive for accountability and efficacy 2) Funding of training 3) Need to research and evaluate clinical training in relation to clinical practice	-How can we teach students to evaluate their practice? – How is the lack of public funding affecting the structure of clinical training? -Can assessed clinical practice be used to provide feedback and evaluation of the training programmes

• **Differences between counselling and psychotherapy** • **Themes of belonging, competition and scarcity**		**4) Process issues in relation to the current professional culture**	**– Are there differences between counselling and psychotherapy at this level of training?** **– Is generic training possible at the level of clinical practice?**
• **Issues of theoretical allegiance**		• **Organisational issues: Differences in priorities between placement and training organisations**	**– How can they be coordinated?**

DISCUSSION AND CONCLUSIONS OF THE INTERNSHIP ENQUIRY

The main aim of the internship enquiry was to investigate issues related to the **integration of clinical practice and training** in order to address the ethical issues of training practice, take individual needs of students into account and use clinical practice to inform and evaluate the training process.

The enquiry has led me to recognise that such integration is related to more than a simple coordination of feedback or internalisation of the first practice placement. I hypothesised

that it needed a **coordinated framework of clinical practice, training and assessment, which would form an internship**.

An internship structure needed to address questions about:

- Effective communication and organisational priorities between placement and training organisations
- The role of supervision and issues of student assessment
- The timing of internships
- Ethical issues related to clinical practice during training.

The enquiry has also raised questions about the potential areas of difficulty such a structure would pose.

In addition, the enquiry has raised questions related to the wider context of psychotherapy/counselling training, such as funding and links between employment and internship.

- **Communication between clinical practice placement and training institutions**

The issue of communication between the two types of organisations is linked to their different priorities. A primary emphasis of external placement agencies is related to service provision – having practitioners capable of "conducting the business of counselling" (Interview 2). The primary emphasis of training organisations is formal training – in the case of the Metanoia Institute, formal teaching is structured in weekend-long modules in the academic year format.

Although the needs of clinical practice overlap with the overall training aims, differences in emphasis between them can create tension.

In my role at MCPS, I have recognised the tension between the need to place a client securely and the student's need to gain experience. I have experienced this particularly in cases when tutors recommended that students who have struggled to pass their foundation year were ready for a placement. I understand such a recommendation from a training perspective. There are times when a student's developmental needs and ability to use training can only be assessed in the context of clinical practice. However, this still raises an ethical question about starting to practise without a more detailed assessment.

These issues become even more complex when psychological factors relating to the start of practice are taken into account. Throughout the enquiry, tutors referred to students' anxiety at this time. Both organisational interviews reflected on levels of transference related to the relationship with the supervisor and the client group.

In my experience, these transference issues are enacted at this time in different ways. I agreed with the interviewees in the university counselling service when they talked about how early they assessed clinical practice. In my experience, this assessment sometimes led to a psychological splitting between me as the placement manager (the object of negative transference) and supervisors and tutors (objects of idealisation). Sometimes, students would allocate these roles differently. This can cause further fragmentation of the flow of information and feedback between the three different aspects of training. Idealising transference can often lead to reluctance to show incompetence and negative transference can lead to a resistance to accept feedback.

The complexity of the issues involved in the process of integrating these aspects leads me to question if the simplistic process of offering feedback was adequate for the task.

Giving feedback through reports is a passive process. In my experience, outcomes of communication (such as a supervision report) get passed around without any further feedback or discussion. As a communication tool, I have found such reports to be insufficient in both training and placements. From a placement point of view, like my interviewees (Int. 2), I have found that I was assessing practice skills far earlier than the training course, or even the supervisor. As a tutor, I have found that I developed a view of a trainee in a particular training context and made assessments based on that, without much direct information about how their training translated into their practice. This lack of information limited my ability to assess. This theme, which emerges from both the enquiry and my own experience, highlights the importance of a clear communication process and prompts me to question how a double loop feedback between training and clinical practice might be developed.

The structure of the internship approach in clinical psychology and medical training appears to tackle these issues by offering a **multi-layered approach to assessment and active communication,** where goals and objectives for each student are agreed and reviewed by all parties (the student, their placement organisation and the training institute). I hypothesise that it would be valuable to **utilise these different organisational priorities** in order to offer a rich training context for students and to facilitate the development of effective clinical practice.

- **Supervision and assessment**

Monitoring and development of clinical practice during training are currently done primarily through clinical supervision. Students often have a supervisor in their practice placement and a supervisor recommended by their course. Placement supervisors don't usually have many links with a training institute and training supervisors don't usually have many links with a placement. In addition, supervisors may be self-employed practitioners, chosen and paid for by the student. This way of structuring supervision during training has advantages in offering a rich input and choice to the student. It also involves at least a **three-cornered contract** (Proctor, 1991) that may be an aid to training or lead to a difference in priorities between different parties. Because of its semi-external nature, there are often difficulties in communication between the supervisor and the placement and/or the training institute.

Despite the existence of a considerable body of writing on supervision, the **empirical evidence does not consistently provide support for the importance of supervision for skill development** (Beutler, Machado and Neufeldt, 1999 citing research by Robiner and Schofield, 1990; Moncher and Prinz, 1991; Alberts & Edelstein, 1990; Sandell, 1985; Wiley and Ray, 1986; Holloway, 1992; Dobson and Shaw, 1988).

However, **supervision is valued highly by clinicians as a source of learning** (McLeod, 1999). The enquiry indicates that having a primary supervisor with a role of supporting, offering feedback, teaching through modelling and information giving, as well as evaluating students' practice is widespread and not limited to counselling and psychotherapy. Although during the enquiry into the generic foundation year, there was some criticism of supervision as a subjective process – (standards varied depending on

supervisees' levels of honesty and self awareness), supervision was seen to provide one of the main links between training and clinical practice.

Through the close link with individual students, a supervisor can address **personal issues** such as fears of failure and exposure and students' **individual learning needs**. The supervisor also plays the role of a **professional gate- keeper** with responsibility for client protection. This widens supervisors' responsibilities for **assessment** and raises questions about appropriate assessment methods.

Current models of supervisory assessment relate to the **different degrees of the supervisor's separation from the training practice**, which range from complete containment of the apprenticeship model to supervision taking place independently from practice. In the apprenticeship model such as a therapeutic community (Interview 1), the supervisor is present and works together with a supervisee. The supervisor is similarly present (although behind the two-way mirror) in the live supervision model (systemic family therapy). As the levels of separation increase through presentation of audio recordings or verbal reports, a student has more responsibility to act independently in the therapeutic relationship and in the choice of issues to present. Models of assessment in supervision are also closely linked to the way different therapeutic approaches view and work with the therapeutic relationship. The presence of a supervisor in the therapeutic setting, such as in the apprenticeship model and live supervision, raises questions about the impact of the supervisor on the therapeutic relationship and is more commonly used in group treatments. Audio recording is not commonly used in psychoanalytic and psychodynamic approaches, which focus primarily on the unconscious process of the transferential relationship. This indicates that the question of the effective use of supervision as a tool for monitoring clinical practice needs to be addressed within the

context of different approaches. Direct feedback from clients is not usually a part of the supervisory process but can take place within the placement organisation. This is an important component missing from both the supervisory and the training context and it needs to be addressed.

Another component arising from the enquiry so far, suggests that **students use supervision differently depending on their stage of training, levels of skills and awareness and in relation to transference issues with the supervisor.** Both interviews suggested that, at the time of starting to practise, students were not able to develop an overview of treatment and they used their supervisor for the translation of training into practice. Both interviews have suggested that there is a qualitative threshold when beginning practitioners become able to develop an overview and the ability to relate to the supervisor from a less transferential position.

This resonated with my own experience as a supervisor and reflected the literature on supervision.

These findings suggested that the frequency of supervision, the selection of supervisors and their relationship to both practice and training organisations were particularly important factors in the process of developing accountability and effectiveness of supervision at this stage. A related question concerns the degree of containment supervision needs to provide at different stages of training and the balance between this and the development of students' own responsibility and awareness. Direct feedback from clinical practice may need to include multiple evaluative methods, including feedback from clients, and suggests the use of the portfolio approach to assessment. I

hypothesised that the portfolio approach to assessment could offer an opportunity to coordinate the assessment of different aspects of training and practice, as well as to involve students directly in their own evaluative process.

Summarising these themes, I have hypothesised that there were three main aspects of internship supervision, which would enable it to provide the main link in the integration of training into practice:

- Internship supervision needs to be contracted for by the training institute, placing it formally within the training process. The three-cornered contract would need to be clearly specified (Proctor, 1991; Gilbert and Evans, 2000).
- Internship supervision needs to be offered by highly-skilled and experienced supervisors familiar with training and the complex developmental needs of trainees (Hawkins and Shohet, 2000; Gilbert and Evans, 2000; Carroll, 2000).
- Internship supervision needs to have an upfront planning and evaluative role that should be balanced with supportive and restorative functions of supervision (Gilbert and Evans, 2000).

- **Potential difficulties related to internship structure and the timing of internship**

The question remains about the **level of integration of clinical practice into the training process**. More integration would create a clearer feedback loop between practice and training. This would support the development of students' effectiveness and

provide a higher level of security and containment. On the other hand, a purely internal structure might suffer from the power dynamics and dual relationships described by my first interviewee in the generic foundation year enquiry as "*developing people in our own image*". The issue of power structures, dual relationships and the intensity of the highly-structured, internal approach were also reflected in the apprenticeship model (Interview 1), which indicated a need for a formal structure to deal with these issues. This question of **balancing structure and containment with flexibility and personal responsibility** is linked to the question about what would be the **appropriate timing of internship** in counselling and psychotherapy training.

Although internship could be used as a post-qualification structure (as in clinical psychology and medicine), this enquiry suggested a need for intensive support and monitoring earlier on in training, particularly at the beginning of clinical practice. Medical students undergo live, observed short periods of practice throughout their pre-PRHO training. This type of live practice with real clients is not normally used in counselling and psychotherapy because of the issues of privacy and confidentiality, although students engage in observed co-counselling practice during training. However, it is usually considered that this type of practice is not sufficient in training and does not adequately reflect practice issues (Thorne and Dryden, 1991).

The medical internship (PRHO) precedes students' registration to practice on their own. In the case of clinical psychology training, although it is expected that students would have relevant experience prior to their training, they do not already have the experience of working as clinical psychologists. They only gain such experience through the combination of the internship and training.

The question about the timing of internship in counselling and psychotherapy training relates closely to issues of addressing the training needs of students weighed against the appropriate level of protection to clients.

My experience at MCPS was mirrored in the interviews and suggested that, even though students have practised their skills in the training environment, meeting real clients prompts a strong level of anxiety. In relation to supervision, this is the time when students lack awareness of their own supervision needs, lack knowledge to enable them to have overview about the treatment direction and experience a high level of transference with their supervisors. In my experience as placement manager, this transference often takes the form of extreme anxiety and fear of negative feedback. My hypothesis is that this **combination of learning needs and transferential issues** may lead to a lack of openness about the process of clinical practice and indicates a need for more containment and structure. As students become able to have an overview of the clinical process, gain understanding of their learning needs and the ability to relate more openly to their supervisor, they may benefit from more flexibility in the training process. My hypothesis is that, at this time, the learning contained in taking responsibility for finding and organising a placement, choosing a supervisor and negotiating the coordination between training, supervision and practice may be more appropriate. For this reason, I would suggest a **limited use of internship during training** with a wider scope for a choice of placement and supervision in the later stages.

- **Contextual issues**

There is an increased requirement to provide accountable, evidence-based practice in counselling and psychotherapy. This is already present in the training of clinical psychologists and forms an aspect of the future requirement for "reflective and effective" practice. This requirement is gradually affecting counselling and psychotherapy provision in organisations and indicates a need to develop these skills during training. The meaning of the scientist-practitioner concept (used in psychology training) still needs to be adapted and developed in counselling and psychotherapy provision. Teaching starting practitioners to monitor and reflect on their work may need to involve the active process of developing their knowledge of practice (Hoshmand & Polkinghorne, 1992), which would, in turn, respond to the contextual issues related to the evaluation of practice.

During the process of this enquiry, I have become aware of another aspect of the wider context in which counselling and psychotherapy take place, related to **the way training is funded.** Training is usually completely funded by students and the issue of balancing student numbers with providing a high quality of training is an important one for training organisations. It has an impact on the quality of students taken into training, levels of assessment, quality of training provided and the level of clinical supervision required. In my interview with the university counselling service, this issue was specifically reflected on.

In contrast, clinical psychology training in the UK, which is funded and provides a clear link between training and employment, offers a far higher degree of structure and quality control. This suggests that Government strategies calling for a high degree of effectiveness and the development of evidence-based practice in psychological therapy also need to be backed up with a funding strategy that would enable high-quality training

and assessment to be implemented across the board. **The internship framework could support the development of research evidence about the effectiveness of training and enable training institutes to initiate and engage in this dialogue.**

Questions remain about **differences between counselling and psychotherapy training** at this stage. Reflecting on this, I also wondered if there were any differences in the training and supervision needs of counselling students and psychotherapy students. From my own experience at MCPS, I expected that this question would pose a challenge to define **differences between the two in relation to clinical practice.** From my own experience, I doubted that any differences were identifiable at the early stages of training.

The enquiry has highlighted a number of issues related to the integration of content and structure in clinical practice training that could be addressed through the development of a training (internship) framework.

However, based on my experience of the generic foundation year enquiry, I wondered what would be the systemic, organisational issues that this development would encounter. Would similar issues arise, highlighting aspects of professional/organisational culture that I was not aware of? I could foresee that the internship structure would challenge differentiation between counselling and psychotherapy training at this stage, both at the Metanoia Institute and in the wider field.

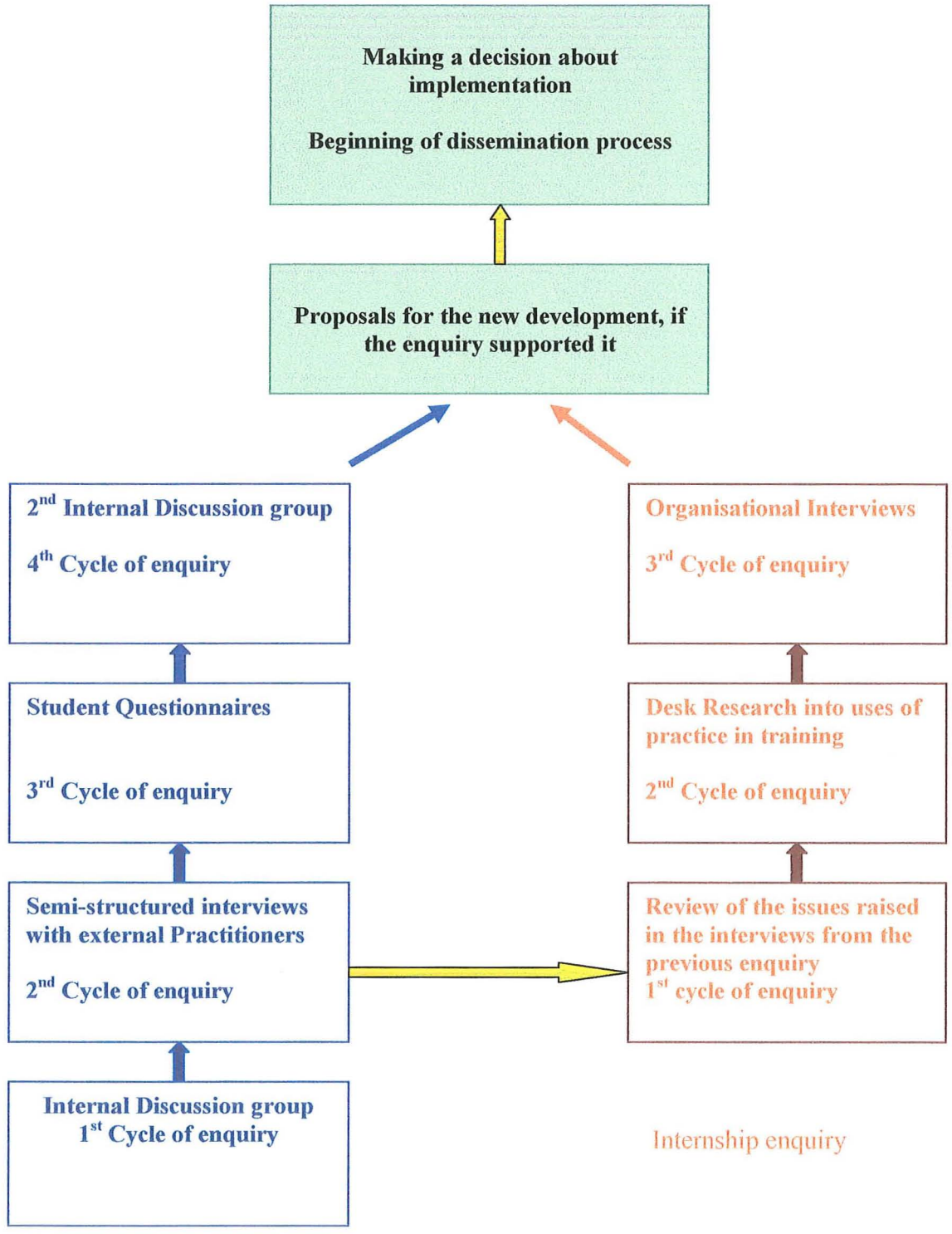
It was already clear from the previous enquiry that the professional, as well as the students' view, suggested that theoretical orientation was important at the stage of learning to practice and that internship therefore needed to be orientation-specific. I

wondered how this would impact on the foundation year and whether it could still be generic?

At a personal level, I questioned my bias and motivation for the development of the internship. I resonated strongly with my interviewees who wanted students to be ready for the 'business of counselling'. I recognised that concerns about students' competency and my responsibility for clients at MCPS were motivating me not to just explore, but to want to improve the current system. I also recognised that my position at MCPS involved relating to different professional cultures – management, practice, training and supervision. My multiple role reflected my personal journey and my need to coordinate and integrate different cultures and develop understanding. I wanted to find commonalities but also to pay attention to individual differences and needs of students. I thought that effective training needed to balance the two.

In the next chapter I will present the process of implementation of this enquiry at the Metanoia Institute and reflect on the wider professional issues it raises.

CHAPTER 5: IMPLEMENTATION PROCESS



Part of my role as an internal consultant involved developing proposals for alternative training structures to form the basis for decisions about their feasibility and ultimate implementation.

On the basis of the enquiry I developed two training proposals _ a proposal for a generic foundation year in psychological therapy (Appendix 1.1) and the internship proposal (Appendix 1.2) linked to the second year of training. In this chapter, I will present how I developed these proposals and the process of organisational decision-making about their implementation.

In order to reflect on the implementation process, I have used literature on the processes of organisational change and, in particular, concepts of different levels of change (Levy, 1986) and stages and phases of organisational change (Rashford and Coghlan, 1989).

TRAINING PROPOSALS

1. GENERIC FOUNDATION YEAR IN PSYCHOLOGICAL THERAPY

In this section, I will present how I applied the data that emerged during the enquiry to develop the training proposal for a generic foundation year.

The training proposal is structured in five different sections:

- Philosophy, structure and methods of training
- Aims of the training year
- Therapeutic skills and professional knowledge
- Theory
- Student assessment.

- **Philosophy, structure and methods of training**

The basic philosophical premise underlying the generic foundation year centred on the importance of the **therapeutic relationship**.

The underlying **postmodern philosophical position** was reflected throughout the enquiry in the importance that was given to individual process and style, the suggestion that all theory was narrative in essence and the questions that arose about the role of theory within theoretical orientations. This position was also reflected in the proposed structure and methods of training, which emphasised the development of individual practitioners and their styles and focused on the process of the therapeutic relationship.

The **structure of training,** which was suggested by the first discussion group, was also reflected in the subsequent cycles of enquiry and represented the **key training components referred to in the literature**: self exploration, skills training, theoretical frameworks and professional knowledge (McLeod, 2003; Thorne and Dryden, 1991). Based on my own experience as a tutor, I thought that this structure was effective and I used it to develop the training proposal.

The **methods of teaching** suggested by the enquiry also reflected the current practice in the field by using a **combination of experiential and didactic teaching**.

Suggested **methods of personal development** combined the group process and personal counselling or psychotherapy. However, the exact modality and context of personal counselling and psychotherapy suggested by the enquiry varied, reflecting differences in theoretical orientations by the participants in the enquiry. Overall, suggested methods of developing self-awareness included:

- Personal reflection in relation to theoretical teaching

- Reflection and feedback in the training group as a method of developing the relational aspect of self awareness
- Personal psychotherapy.

This **combination of methods reflects the research literature**, which suggests that didactic teaching alone is not sufficient in psychotherapy and counselling training. Beutler, Machado and Neufeldt (1994) cite research by Luborsky (1990) and state that the acquisition of skills in psychotherapy is linked to the use of targetted goals, specific feedback and guided practice more than to simple exposure and unstructured supervision. The emphasis on structured feedback and reflection was evident in both the discussion group and interviews and suggested that these methods could be developed in all aspects of training with the aim of developing a **research attitude to practice, basic skills, personal understanding and relevance of psychological theories**.

In the area of teaching **skills,** it was suggested that the increased use of audio and video recording with structured feedback could facilitate the development of a research attitude to practice. These developments reflect the impact of the wider context on research and the emphasis on evaluation and evidence-based practice present in the wider professional system.

The debate about **differences between counselling and psychotherapy training** in relation to the structure of the generic foundation year prompted questions about differences in length, content and intensity of training required for each. Specific differences identified at this stage of training seemed unclear, overlapping and non-specific. Apart from UKCP's entry requirements, I could not translate these into the training proposal at this level. Consequently I proposed a **generic foundation year in psychological therapy** which could be used for either or combined groups of students.

- **Aims of the training year**

The first aim of the generic foundation year identified by the discussion group was the **preparation for the start of clinical practice in the second year**.

However, this general aim of the foundation year is not necessarily linked to generic training and the aims became wider through the subsequent process of the enquiry.

In order to formulate the aim of the generic foundation year, I reflected on the emphasis given to the individual process, understanding of one's own personal and epistemological style and the role of theoretical orientation, which emerged throughout the enquiry. These themes gave me an understanding of how, when faced with multiple choices about future training, one of the aims of the generic foundation year could be to form a **solid base from which students could choose their future theoretical orientation**. I also wanted to recognise the personal value of this type of training, in case students chose not to pursue a career in psychological theories and to use their skills and awareness in **other professional and personal contexts**.

- **Therapeutic skills and professional knowledge**

The enquiry led to a strong emphasis on **basic counselling skills, skills related to the development of the working alliance and basic assessment skills**.

More complex skills, at first suggested by the discussion group, were honed down by the process of interviews and, particularly, through feedback from students. Students' feedback challenged the notion that psychotherapy students needed a more advanced approach at this stage and highlighted the generic need for basic counselling skills. This process was also reflected in specific areas of professional knowledge, such as ethics, professional practice and support.

- **Theory**

The role and the content of theory emerged as the most debated concept in this enquiry.

Allegiance to theoretical orientations was of personal importance to practitioners and provided a sense of safety when beginning practice. This suggested that, in order to enable students to make informed choices about orientation, the theoretical content in a generic foundation year would primarily need to focus on the **interaction between the personal and the theoretical**.

On the one hand, I translated this into the context of introduction to the field of psychological theories available, their philosophical concepts, processes of change and the methods used. On the other, students needed to explore the personal relevance of these theories for themselves in order to understand how their own philosophies,backgrounds and circumstances matched the frameworks that these theories offered.

The way that participants in the enquiry approached the question of theory reflected **postmodern concepts of individuality and the co-created nature of knowledge**. In contrast, students reflected their own **need for certainty at this time**. The need to balance the two was reflected in both the discussion groups and interviews. Although, on the basis of the content of the enquiry, it was possible to develop a framework for teaching theory in the generic foundation year, **the question remained whether this aim could be achieved through the generic foundation year**.

- **Assessment**

The proposal I developed primarily reflected the views of the discussion group who discussed assessment in most detail. The proposal suggests a combination of the assessment methods currently used and reflects different areas in the structure of the course. An important philosophical notion contained in the approach to assessment is that it sees **students as active participants and collaborators,** who take responsibility for their own process of training and assessment.

2. INTERNSHIP PROPOSAL

In the process of developing a proposal for the internship (Appendix 6.2), I was particularly aware of the need to create an **integrating structure between clinical practice and training, which would involve a student, their training organisation and the practice placement**. Fuller discussion of issues and themes underlying the development of this proposal is available in Chapter 4 (p. 198–210).

I used the enquiry to widen my understanding of the issues involved, through the process of interviews and comparison with solutions employed by other professions. Through the process of the generic foundation year enquiry I recognised that clinical **practice at this stage of training could not be developed as generic** and that teaching and supervision input at this stage needed to be orientation-specific.

Teaching input at this stage of training was well defined and the main issues I addressed in the proposal were related to the:

- Role of supervision
- Process of coordination between training and practice

- Ways of attending to the individual needs of students whilst maintaining high professional standards and assessment.

OVERVIEW OF THE IMPLEMENTATION PROCESS

1st presentation to the Management committee February 2003	2nd presentation to the Management committee July 2003	Approval of the pilot and the funding by the trustees September 2003	Working with the TA department and design of the pilot November 2003—Novemeber 2004	Pilot in is due to start in September 2005

The decision to implement the findings of this enquiry within the Metanoia Institute was taken in stages and over a period of time (February to September 2003). Discussions that took place within the management team demonstrated the potential of the proposals and reflected divisions in the wider professional field. Resistance to the development of generic training was particularly highlighted.

My first presentation followed the enquiry into the generic foundation year in psychological therapy. It was an update of the process and an opportunity for discussion. The next stage came at the end of the enquiry into the internship. On this occasion, I presented both proposals to the management team. This second presentation led to the decision to start implementation by developing a pilot project for the organisation. Once the resources for the development were allocated by the Trustees, it was decided that the pilot project would use the results of the enquiry as the basis for restructuring the training programme of one of the training departments – Transactional Analysis. This department was particularly suitable for the pilot because it had both a counselling and a psychotherapy course.

The process of discussions followed stages of organisational change recognisable in the wider literature (Rashford and Coghlan, 1989; Lippitt, 1982; Levy, 1986). In this document, I have particularly used Rashford and Coghlan's model which relates organisational change to stages of dealing with the personal transition related to the process of dying, described by Kubler-Ross (1970) as denial, anger, bargaining, depression and acceptance.

Rashford and Coghlan describes the following phases of organisational change:

- Denial – This phase begins with the presentation of data supporting change and is characterised by an underlying dynamic which can be expressed by the theme: "This does not affect us".
- Dodging – The theme underlying this phase is: "This does not affect us. Don't get involved". This phase is equivalent to the stage of anger, described by Kubler-Ross and is usually expressed through the lack of participation. Although the data are perceived as good, questions arise regarding the relevance or timing of change.
- Doing – The theme underlying this stage is: "This is very important. We have to do it now" and usually starts very quickly. As the change is worked on, different levels of change become uncovered. Rashford and Coghlan suggest that this stage can take several years.
- Sustaining – The final stage of organisational change is characterised by the theme of consolidation into the new way of behaviour. This leads to integration into the organisational culture.

These stages of organisational change illustrate the complexity of changing an

organisational culture and highlight theories of action present within the system. In this enquiry, I hypothesised that these theories of action reflected the culture of the wider professional field.

The process of implementation so far, does not illustrate the final outcome of the process of change in relation to the generic enquiry or the internship, but reflects on **the first three stages of the long-term process – Denial, Dodging and Doing.**

I will present the process and themes arising from both presentations, the development of the pilot project, my reflection on the future implementation and the process of dissemination, which I started during the enquiry.

FIRST PRESENTATION TO THE MANAGEMENT TEAM – Challenge of the Generic Foundation Year

1st presentation to the Management committee **February 2003**	2nd presentation to the Management committee July 2003	Approval of the pilot and the funding by the trustees September 2003	Working with the TA department and design of the pilot November 2003–Novemeber 2004	Pilot is due to start in September 2005

I presented the main conclusions of the first part of the enquiry and the proposal for a generic foundation year in psychological therapy to the management team at the Metanoia Institute in February 2003.Four out of seven of the management team were directly involved in the enquiry.

The content of the proposal was not challenged. This suggested that the **enquiry fulfilled the first condition for implementation – recognition of the validity of the data**

(Rashford and Coghlan, 1989). However, the overall discussion that ensued became very involved and heated at times. **The organisational process of denial began to highlight important organisational and professional themes**. The overall focus was primarily on organisational issues related to:

- The professional context
- The impact on students
- Organisational structure and development.

- **The Professional Context**

The **impact on the wider professional field** was seen as one of the potential benefits of the generic foundation year. It was suggested that by developing the generic proposal, the organisation would be overtly entering into the political debate on the differences between counselling and psychotherapy. This would challenge the existing practice of offering a single training path for both, which is not overtly recognised by the umbrella bodies like UKCP, does not incorporate a clear rationale for the distinctions between the two or a clear assessment process.

It was suggested that the generic foundation year of training would **improve the quality of the service offered to clients** by challenging the training establishments to "come out of their corners" and focus the process of training on providing the best service for clients and it could lead to using research for developing effective training process.

- **The impact on students**

Views on the impact of a generic foundation year on students were twofold. On the one hand, it was suggested that a generic foundation year would offer a **context and**

background to single theoretical approaches, teach students about the existence and use of different theoretical languages, facilitate them to make an informed choice about further training and give them the basic knowledge and skills needed at the stage of preparing for clinical practice. On the other hand, it was suggested that **students have already made their choice about theoretical orientation on entering psychotherapy training**. A fear was expressed that instead of choosing a generic foundation year they would decide not to train at the Metanoia Institute at all and might choose another training programme.

- **Organisational structure and development**

While the benefits of a generic foundation year were clearly identified in the other two areas, issues arising from the impact on the organisation seemed to **highlight fears and concerns about the future and the structure of the organisation**. The main fear seemed to be focused on losing students – either because they might choose another institute or because a generic foundation year might lead them to choose an integrative instead of a single theoretical approach. In effect, this would lead to the loss of four training departments. On the other hand, this view was balanced by the contrary suggestion that enabling students to make an informed choice would lead them to choose a field of specialisation that suited them better as individuals.

It was suggested that the implementation of a generic foundation year would involve a significant change of structure, involve rewriting all the courses and necessitate negotiations with the external bodies who validate them. This linked with concerns about the impact on the teaching staff.

I realised that the development was seen as a significant change for the organisation and recognised that this level of change needed a staff team motivated to implement it. I thought that if the fears expressed in this group about the loss of individual training departments were shared by the teaching staff, it would be very unlikely that the development would gain support or ultimately be implemented.
In relation to stages of organisational change, this process of discussion matches the **stage of Denial** – it disputed the value and the relevance of the proposed change.

The discussion also revealed differences between the members of the management team. Some of them held a more integrationist view than others and there were differences in how they viewed research and the wider impact of the development on the future of the organisation.

The process highlighted the dynamic of the fear of loss and issues of competition both with other organisations and within the organisation. All these processes were recognised and named by the group and this, together with the recognition of the validity of the data, led to the beginning of the **Bargaining ("Dodging") stage**.

The reflection of this stage was contained in the discussion about several potential developments:

- Broadening the current foundation years and bringing them closer together. This would involve a challenging task of using generic principles and demonstrating that they underpinned the training already offered. This was seen as the first "half

step" towards the safe implementation of the enquiry, which would enable students to move from one course to the other more easily.

- Offering a generic foundation year as a stand-alone year in addition to the existing approaches.
- Adding a generic foundation year to the Integrative department.
- Doing market research and a pilot project prior to embarking on the restructuring of all the courses.

I hypothesised that these suggestions again reflected the degree and the depth of challenge this development posed to the current organisational/professional culture, and the levels of financial, personal and professional investment in the current system. Challenging these seemed to trigger Type 1 theories of action (Argyris, 1995), which indicated that the proposal activated organisational defensive strategies. I began to understand how the strength of these levels of investment into the current culture of training created a powerful pull to maintain the *status quo*.

During this discussion, I was aware of not feeling invested in whether the organisation implemented the generic foundation year proposal or not. I presented the findings, answered questions and facilitated the group. I was aware that, at this stage, I became more interested in the process of the discussion than the outcome. Reaching this level of creative indifference was partly related to my management role. As a member of the management team I recognised the complexity this potential change entailed.

The initial purpose of the enquiry was exploratory and this helped me to maintain my

role as a researcher. I felt that I had fulfilled my task for the organisation by conducting the enquiry and bringing back the results and this helped me, to a degree, to separate from the decision about implementation.

Countertransferentially, I resonated with the feeling of how much easier it would be not to bother with changing anything. I hypothesised that this was reflecting the group process.

I wondered if my sense of separateness was also related to self-protection against having to undertake something painful, something that would 'out' me as the odd one out in the organisation.

However, in contrast to my experience of relative indifference to the final outcome, I also sensed that following on from the enquiry I was being identified as the instigator of change, rather than as a partner in the joint project. I was aware that this also reflected the change process and the literature on organisational change.

This discussion was a half-stage presentation to the management team. Following the presentation, I continued the internship part of the enquiry. I presented both training structures to the management team five months later for the final discussion about implementation.

Rashford and Coghlan's stages:	Themes:
Recognition of data as valid – fulfils the basic requirements for implementation	• **Recognition relates to the overtly stated organisational motivation for the enquiry** • **Potential benefits of the development:** **1) Impact on the wider professional field** **2) Benefit to students**
Denial	• **Why do we need it anyway?** • **Issues of changing the organisational structure** • **Themes of scarcity and competition**
Bargaining	• **Proposals that limit the extent of the change** • **Pull to maintain the status quo**

SECOND PRESENTATION TO THE MANAGEMENT TEAM – Internship becomes the central development

1st presentation to the Management committee February 2003	2nd presentation to the Management committee July 2003	Approval of the pilot and the funding by the trustees September 2003	Working with the TA department and design of the pilot November 2003–Novemeber 2004	Pilot in is due to start in September 2005

The discussion regarding the generic foundation year proposal echoed the first presentation. The content and the structure of the year were not questioned and seemed to accurately represent the generic factors at this stage of training. However the discussion primarily focused on areas of concern expressed previously.

Issues were raised about the role of this year in relation to other training and its impact on the organisational structure. The importance of a single theoretical orientation in the process of training was also discussed and echoed the wider professional debate (Wheeler, 1999).

Again, this highlighted differences between members of the group and, most of all, reflected levels of personal, professional and organisational investment in the current system.

Although the same implementation options were discussed as in the previous presentation, the only one that apparently engaged any energy in the group related to using the enquiry to bring generic principles into the existing foundation years. This was also the only suggestion that did not significantly challenge the current system.
The notion of bringing counselling and psychotherapy training together by offering a year of training in psychological therapy was discussed the least. If the structure of existing foundation years stayed the same, the only training department potentially affected by the proposed change would be Transactional Analysis, which had both the counselling and psychotherapy streams. The leader of the course was enthusiastic and the suggestion was not challenged.

I hypothesised that this process was in part related to the management roles in the group and the structure of the organisation. As well as being a team and responsible for the overall organisation, members of the management group each had a commitment and responsibility to their own departments. This gave them the authority to instigate changes within them. The organisational structure invited both the dynamic of competition

between autonomous academic departments and cooperation in combining departmental autonomy with the needs of the whole organisation. The concept of a generic foundation year seemed to disrupt the balance between the two.

Part of this process was reflected in distancing from the enquiry. The discussion did not at all reflect the fact that the enquiry was undertaken at the behest of the management team. It seemed that the ownership of the concept of a generic foundation year had become identified with me personally. I knew from the literature on internal consultancy that being seen as an agent of change was to be expected. I hypothesised that unconsciously it served a psychological need for the group, who were dealing with the Denial and Anger stages of the change process.

This separation was highlighted by my role in the organisation. At the same time that I became identified with instigating change, the department I was managing would not be affected by any restructuring needed for a generic foundation year. As the manager of MCPS I would only benefit from a more standardised preparation for practice. I hypothesised that psychologically this created a dynamic where I did not share in the fear of loss experienced by others. This created a process where, as an internal consultant, I felt bound by my relationship with the group. Although I empathised with the feelings expressed, the conflict between my management and internal consultancy roles made it difficult to challenge this dynamic.

At this stage the previously identified benefits of a generic foundation year to students, clients and the organisation, seemed far removed and uncertain. They seem to pale into insignificance with the size of the psychological and organisational task ahead.

I was interested in how the length and intensity of discussions at this stage apparently linked to degrees of perceived threat to departments. For example, long discussions ensued in relation to the merits of single orientations and the impact of the generic foundation year on the organisational structure. In contrast, there was hardly any discussion about bringing together the counselling and psychotherapy strands once it had become clear that the change would only affect one department, whose leader was interested in it. In the wider professional field, similarities and differences between counselling and psychotherapy continued to be a controversial and highly-debated subject, therefore I assumed that this dynamic in the group was more related to the organisational structure.

In contrast to the discussion about the generic foundation year, **discussion about the internship structure seemed more** straightforward.

The **internship structure** seemed to be addressing organisational needs on different levels. **It addressed the issue of integrating clinical practice into training by developing more rigorous procedures for using practice in training, bringing it more in line with clinical psychology training**. This was seen to be potentially helpful in the case of future legislation on psychological therapies.

The discussion moved to the **issues of feasibility** in terms of cost-effectiveness, practical organisation and coordination of supervision and training within internship.

One aspect of internship, which was discussed at some length, was related to one of the **potential areas of concern** which I reflected on during the enquiry – **the issue of student containment versus autonomy**. An important outcome of the discussion was

the emphasis on external as well as internal placements and the limited duration of an internship. Further on in training, as students' dependency needs decreased and their levels of skill and confidence increased, they would be asked to engage in the process of finding their own placements and choosing their supervisors.

The discussion about the internship proposal seemed to engage a lot of energy in the group and became the central development point. At this stage, I became interested in the wider role that internship could play in the overall development of training. The internship structure offered a clearly recognisable format for development and, although it raised some organisational issues, it became apparent that these could be solved internally. Even though the development still involved a major restructuring, it did not raise the same underlying issues and resistance as the development of a generic foundation year. I hypothesised that this was primarily due to the fact that it did not threaten the existing professional culture of separate theoretical orientations or the organisational structure of the academic departments. At the same time, the internship development addressed a recognised area of concern within the organisation and provided motivation, which could lead to implementation. I hypothesised that, in this case, my position in the organisation facilitated the decision to implement the findings through same process of leader's ownership and authority within their department. The department I was leading would need to undergo a significant restructuring to accommodate internship. This meant that, at this stage, I was not a competitor but a stakeholder in the development.

The internship structure also seemed to create a link towards a generic foundation year. It was suggested in the group that the preparation for internship would engage different departments in focusing on the underlying generic factors in training.

The outcome of the overall discussion was to:

- Develop a pilot for the internship, which would both involve external placements and the development of the MCPS.
- In relation to the foundation year, it was agreed that all departments would review their foundation year programmes and ensure that they contained generic principles.
- The development of a stand-alone generic foundation year would be revisited following the pilot.

This outcome led to the allocation of resources in September 2003 and work on developing the pilot project.

Reflecting on the process of these discussions and the resistance to the change, I became aware of the level of organisational change this development suggested. Levy (1986) compiled definitions and descriptions of first and second order levels of organisational change in the fields of management and organisational theory. The first order change generally implied continuity with incremental changes introduced over time. The second order of organisational change implied a multilevel change that resulted in a new organisational paradigm and a significant shift in culture. I hypothesised that the initial interest at the start of the enquiry was based on the expectation of the first order change. However, the outcome of the enquiry involved the second order, transformational change

and a significant challenge to the culture. My hypothesis is that this level of perceived challenge to the culture in relation to the generic foundation year reflected the wider professional field.

On a purely organisational level, I was aware that the resistance to change, which could be expected in any implementation process, was apparent in both discussions and gave rise to the expression of cultural assumptions. At this stage of the process, these assumptions are normally used to block the change (Schein, 1985). I recognised that these cultural assumptions were reflected in the wider field and I hypothesised that a similar underlying dynamic might be inhibiting changes needed in the wider professional arena.

According to Rashforn and Coghlan (1989), recognition of the validity of the data and of the need for change are essential to work through the stage of resistance. The internship structure responded to the need for change more overtly. It also challenged the professional culture less. The higher degree of motivation and lower level of challenge resulted in it becoming a bridge to the next stage of the change and implementation process.

Summary:

Enquiry:	Organisational issues	Relationship between the researcher and the group
<u>Generic foundation year</u> Levels of change: Implies a second order/transformational change for the organisation	• Challenges the organisational structure and culture • Highlights themes present in the wider professional field in relation to theoretical approaches: issues of allegiance and competition	• I seem to be identified with the data and the process of change. • I seem to be perceived as an 'agent of change', while the group is distancing from the enquiry. • Raises questions of authority: I seem to be suggesting the change in other people's domains
<u>Internship</u> Implies the first order incremental change	• Responds to overtly stated organisational needs – higher degree of motivation for change • Does not challenge the existing organisational structure • Any changes would affect the structure of MCPS	• I am a stakeholder in the development – increases my authority in becoming an agent of change • Can I maintain a level of separateness from the outcomes in view of my role?

DEVELOPING THE PILOT SCHEME AND PROCESS OF IMPLEMENTATION TO DATE

1st presentation to the Management committee February 2003	2nd presentation to the Management committee July 2003	Approval of the pilot and the funding by the trustees September 2003	**Working with the TA department and design of the pilot November 2003–Novemeber 2004**	Pilot in is due to start in September 2005

In their discussion of organisational change Rashford and Coghlan (1989) distinguished between different phases:

- The individual acting as a generator of change (phase I)
- The development within a team (phase II)
- Bringing together of different teams (phase III)
- Ending with the wider context of strategic policy and impact on the other stakeholders and organisations (phases IV and V).

The decision to implement the outcomes of this enquiry and develop a pilot project entered the cycle of change through the discussion within the management team (phase II), which also contained the context of different teams and groups within the organisation (phase III). This cycle of change ended when the head of the Transactional Analysis decided to develop the pilot within her department. This was agreed by the management team and the tutor team expressed interest in the initial suggestion.
The process has now entered a different cycle of reflection and **re-entered the process and cycles of organisational change on the team level.**

On the basis of the proposals I developed as the outcomes of the enquiry (Appendices), the Head of the TA department and I jointly devised an alternative training structure, which combined the internship with aspects of the generic foundation year by:

- **Developing a single foundation year for counselling and psychotherapy training** – Instead of offering separate counselling and psychotherapy courses, the enquiry would be used to develop a single foundation year in Transactional Analysis, based on the proposal for a generic foundation year (Appendix 6.1).
- **Generic training modules** – Following the foundation year, the training course would include generic training modules focused on skill development, aimed at students who have not had sufficient prior experience or training.
- **Internship** – The proposal for the internship was that it would take between one and two training years, depending on abilities and experience. The approach to individual learning agreements and the assessment process would be developed through the method of portfolio building. This would involve the student proactively in the process of assessment and nurture a research attitude to practice.

The extent of these proposed changes meant that we **reviewed the whole programme of training** and proposed a new training outline for both counselling and psychotherapy training in Transactional Analysis.

Owing to the extent of the proposed changes, I realised that the most important part in the implementation of this pilot project involved **developing participation** through in-depth consultation with the teaching team. I was aware that, unless they shared the vision of the new course structure, the implementation could not take place.

The process of change again followed the familiar stages. The dynamic of discussions reflected the Phase II process of introducing a major change into the team.

The initial stages of denial and dodging resembled the dynamic of the management team, causing resistance to surface, which highlighted some of the **underlying theories of action operating in the department**. These theories of action reflected the professional culture surrounding issues related to **differences between counselling and psychotherapy**, raised team issues surrounding **professional relationships and individual roles in the team** and the **role of the team in relation to management.**

In terms of the content of the proposal, the resistance to the enquiry was focused on the concept of creating a single entry foundation year into counselling and psychotherapy training. The debate in the team largely reflected the wider professional field and highlighted differences between tutors. The tutor group were all psychotherapists, although some (including myself) taught more, or exclusively, on one or the other of the two existing courses.

I was interested in how, as a group, we reflected some of the differences in the wider field, where the counselling umbrella organisation (BACP) seemed more willing to embrace psychotherapy than the other way around. It could be argued that psychotherapists would be the group who would stand to lose more in this process, as the length and the intensity of their training would lose a level of recognition.

The concept of internship also raised issues of students' autonomy versus containment and it was suggested that the loss of autonomy would be to the students' detriment. This

was despite frequent discussions in tutor meetings about the failings of the current system and the need to integrate practice and training.

This discrepancy indicated a possible underlying dynamic. I hypothesised that the reaction to the structure of internship reflected an underlying fear of scarcity alluded to in the discussion. The change in the structure of training might have indicated a reduction in the teaching work available and the internship could have impacted on tutors' private supervision practices.

I hypothesised that this response had a protective function, which brought up issues important for the team and individuals, creating an opportunity to address them. It also reflected the fact that the change was entering the organisation from the management down and that developing participation and ownership would be essential in order to facilitate the change.

My relationship with this group was different from that with the management team and again reflected the complexity of the role of being an internal consultant (Lacey, 1995). I was a tutor in this team even before I was a manager of MCPS. Many of the group members have been friends and long-standing colleagues and I knew some of them from my own days as a student. In this group, I normally saw myself as a member of the team rather than a manager. However, the introduction of this development seemed to highlight my different roles and raise questions and resentments about my role in the team. This process highlighted both the advantages and difficulties of being an internal consultant. As a long-standing member of the organisation, I had an understanding of the function, structure and relationships of the organisation, which enabled me to recognise and diagnose some of the issues underlying the process of change (Lacey, 1995). My

relationships meant that my role invited competition and projection. On a personal level, this process became particularly painful for me at this stage and brought up historical issues of not being understood. Although it is expected that, at this level of change, the cultural assumptions central to organisational and professional history and tradition might be used to block the change (Rashford and Coghlan, 1989), I began to experience a lack of confidence and a sense of exhaustion. The length of the project and resistance it continued to provoke was wearing down my personal robustness.

According to Rashford and Coghlan (1989), a key intervention at this phase of organisational change is **team building**. A team-building day, with an external facilitator, was organised and although it was personally difficult for me, it opened up an opportunity to address long-standing team issues, including issues of leadership and change thus enabling the beginning of a new stage in the implementation process – **the Doing stage.**

The Doing stage started relatively quickly following the team building and entered an exciting new phase. Members of the team became more engaged in the process of shaping this development and began to have ownership of it. This resulted in focused and creative discussion of the alternative training programme. **My role shifted from being an agent of change to facilitation and participation.** The discussion which followed was marked by energy and enthusiasm and resulted in a being framework developed by the team and a building up of the initial proposals:

- **The new foundation year** proposal was developed by the tutor who was going to teach it and was welcomed by the team. It was the result of a small group discussion about the use of generic principles within a TA framework. The

proposal accepted by the team (Appendix 7.1) shows a clear focus on the therapeutic relationship, counselling skills and personal development within a Transactional Analysis framework.

- **Differences between counselling and psychotherapy** – At this stage of the process the debate about the different strands of counselling and psychotherapy resumed. The outcome of the discussion was an agreement about the core route of training for counsellors and psychotherapists. The final framework suggested two years of joint training: the foundation year and the internship. It was recognised in the discussion that, at this stage of training, both counsellors and psychotherapists needed the same basic skills, theoretical knowledge and ability to develop a therapeutic attitude and professional practice.
- **Internship** – It was agreed that internship during the pilot scheme would take two semesters. Concepts of containment *vs.* autonomy were not discussed again and seemed to have been addressed by giving students a choice of internal or external placements. The discussion focused on developing the role of 'the training supervision', and the process of integrating formal teaching and clinical practice within the structure of training modules. The group then engaged in developing the training programme, which reflected this and strongly focused on early clinical practice (Appendix1.2).

  The portfolio approach to assessment and the progress through the internship via successive learning agreements was embraced and developed further by the group. The current suggestion for the portfolio is based on using methods of action research and incorporates cycles of observation, reflection and implementation. The proposal under discussion is that this could be done through

the use of the internship journal, which would demonstrate these cycles and students' ability to use formal evaluative methods (such as the CORE System). This approach to assessment reflects the aims of the internship to bridge the gap between clinical practice and training and to begin to develop the double loop feedback between the two.

Even though I was aware that I could expect a shift of energy on entering the Doing stage, I was still surprised by the speed with which it took place. On reflection, I realise that my surprise was due to how immersed I had become in the process during the stage of discussing the pilot with the team. Tiredness and the role of being a stakeholder in the development resulted in my moving from a position of creative indifference to unconsciously wanting to push the change through, even though on a conscious level I wanted to engage the team in collaborating with the project. Looking back, I realise that this had exacerbated resistance in the team. Through the process of team building I again became able to let go of ownership and let other people take a lead. In return, at the end of this process I felt energised and enthusiastic again, as well as relieved that I could again be an ordinary member of the team.

Stages of change process:	**Themes:**	**Group dynamic and relationship with the researcher:**
Denial and Dodging	• Differences between counselling and psychotherapy • Issues of containment vs. autonomy for students • Role of supervision – Internal supervision questioned	• Distancing and anger • Issue of my role in the team and as initiator of change • Power issues in the organisation
Doing	• Team develops the foundation year in TA based on generic principles • Agreement about the single entry training in counselling and psychotherapy • Structure of Internship developed and expanded by the team	• Beginnings of the group ownership of the new development • My role shifts to facilitation and participation

FUTURE IMPLEMENTATION – DEVELOPING A LEARNING COMMUNITY

At this stage, the process of implementation is solidly within the "Doing stage". The preparation for the first internship is already taking place and is due to start in September 2005. The first new foundation year will also start in September 2005. The process of change has gained momentum and, even though the cycle of action research presented in this document is ending at this stage, new cycles of action research are starting within the organisation. The next stage will follow the implementation of the pilot and involve formal evaluation by the organisation.

The pilot project offers an opportunity to **introduce the collaborative enquiry into the heart of the training process and start the new pattern of the action research cycle.** The action plan I envisage is linked to the evaluation of the pilot project.

- Students, their tutors, supervisors and practice managers will engage in the in-depth reflection of students' practice, use of training and supervision during the internship. This will be structured and evidenced by the internship portfolios. As well as being a method of student assessment, these portfolios will be used to assess whether the course meets its training objectives.
- Both training years will need to be evaluated in terms of their teaching content, effectiveness of the training supervision and appropriateness of the placement practice.

The action research approach to this evaluation will involve all participants in the training process.

In the culture of training at the Metanoia Institute, students already give feedback to their tutors, both verbally (at the end of each teaching module) and in writing (evaluation forms). I intend to build on this and to invite a structured reflection at the end of each module on the content of training, teaching methods and supervision. These discussions will be recorded, analysed and used to give feedback into the training process and to develop it. The placement practice will involve a similar feedback process.

This reflective process has the potential to establish **training as a co-created activity between students and training professionals** and to begin to develop **a community of learning within the Institute**, giving students a much stronger voice in the training process. At the same time, the rigour of this type of evaluation ensures **levels of quality assurance** that surpass any of the current requirements.

Outcomes related to the structure of the pilot project:

- Use of generic concepts to develop and structure the foundation year in Transactional Analysis
- Creation of a single entry training in TA counselling and psychotherapy
- Development of the internship framework – integration of clinical practice, training and supervision
- Integration of research process within the training process – developing the learning community within the training process
- Using internship for an ongoing assessment process – both relating to students and to the effectiveness of training (creation of a double loop feedback between clinical practice and training)

In terms of the organisational change process, this pilot project will lead to an organisation-wide reflection about further implementation and evaluation (phase III of organisational change). If development of the strategic policy were to follow, it would result in the integration of change within the organisational culture (phase IV). According to Rashford and Coghlan (1989), organisational development then creates an impact on other organisations in the field (phase V). I hypothesise that both the pilot project and any future development within a large organisation such as the Metanoia Institute have the potential to provide opportunities for debating issues of generic training, practice, and the role of clinical practice in training within the wider professional field. This would benefit the quality of both training and clinical practice in psychological therapies.

DISSEMINATION DURING THE ENQUIRY

As my primary aim in this enquiry was led by organisational needs, the dissemination of this project is still in the **early stages**. To date, I have carried out two presentations, one to the **Europe wide audience of TA trainers** and the other at **the Metanoia Institute Conference**. Both presentations were a learning process for me and they again highlighted issues of both the need for improvement of the current system and the resistance to this change within the wider professional field.

The two presentations had **different audiences** and created **different responses**, although both attracted a small group.

The resistance to the concept of **'generic training' and evaluation of training** was particularly apparent in the group of European Transactional Analysis trainers. They reacted strongly to the concept of 'generic training' and did not see it as something they could relate to. Equally, the concept of researching training was new. Views were expressed that exam success demonstrated the effectiveness of training. This group expressed difficulties in engaging psychotherapy students in learning about research: an example of the research/practice gap within the professional field. However the research approaches discussed were primarily quantitative and there was little awareness of qualitative methodology.

In contrast, the audience at the Metanoia Institute Conference was drawn from a **wider field of organisational membership** and consisted of students, tutors, supervisors and qualified practitioners who belonged to different theoretical orientations. There was also a smaller group of participants from outside the network of the Institute. They engaged in a lively discussion about both the generic foundation year and the internship and expressed many views on about the **inadequacies of the current system of training**. The experience of confusion and unpreparedness for clinical work after the foundation year seemed to be a general experience in this group. The single theoretical orientation was seen as important, primarily as providing a framework and a sense of safety and the integrating principles of theory were seen as preferable to eclecticism. This was followed by a discussion about the separateness and lack of communication between training, supervision and practice, which leads to different priorities.

There was a suggestion that students needed a 'mentor' in the first year of practice who would have an overview, a coordinating role as well as an individual relationship with a student, highlighting the integrating role of the internship structure.

I reflected on the difference between the two groups and related them to the context of the presentation, professional backgrounds and roles of the participants. The mixed group of the conference audience reflected the groups I had previously consulted in the enquiry and included both the consumers and providers of training. At the TA Trainers meeting, my presentation attracted a minority, mainly participants who were academically-oriented in a predominantly clinically-based professional group. Through the process of this enquiry I have begun to recognise that resistance to generic training may be, to a large extent, based on how much it challenges the current system, the structure of training and the personal and professional meaning of this structure for individuals.

The difference between the two audiences was interesting in terms of the composition of groups. The trainers group belonged to the same theoretical orientation, had a high level of seniority in their field and were predominantly older. The conference group was mixed in age, levels of qualification and orientations. My hypothesis was that the group with the higher level of involvement and seniority in the field and a resulting commitment to existing professional networks and culture, might also be more unwilling to challenge some of the fundamental principles, such as: How do we know that our training is effective? What are the generic concepts we share with other approaches? In my view, this suggests the importance of finding a way of involving feedback from students and a direct feedback from clinical practice into the process of developing and evaluating training.

However, both groups I presented to were small (6-8 people). Relating this to the resistance I had encountered so far, I hypothesised that this lack of interest was due to the nature of the concepts presented, which challenged the prevailing professional culture.

I also reflected on the errors I had made in the style of the first presentation.
The way I titled the presentation was too complex, dry and unclear for a multilingual, clinical audience. During Marvin Goldfield's specialist seminar (Appendix 5, 23/10/03), I realised that I had presented my most challenging concept of generic training as the central point, not realising that it would be the most likely to invite hostility and resistance.

I expect to expand the dissemination of the project as the pilot scheme within the Metanoia Institute develops. I envisage that this process will generate further debate about the subjects and will involve dealing with similar processes of resistance to those I encountered during the enquiry. However, I expect that the implementation and evaluation of the pilot project will impact on the wider field and provide a practical focus for further reflection.

CHAPTER 6: DISCUSSION OF THE PROJECT

ORGANISATION AS A MICROCOSM

The enquiry into the research question has resulted in the introduction of change within the organisation and raised several themes related to the process of counselling and psychotherapy training in the first two years. The dynamic and challenge of the organisational change created a process which reflected issues and themes of the wider professional system and some of the **underlying theories of action**. I hypothesised that these theories reflected some of the factors that have historically undermined the development of cohesion in the professional field. They relate to the:

- Differences between counselling and psychotherapy
- Role of theory in psychological therapies
- Organisational issues regarding structure and funding of training organisations.

Through the process of this enquiry I began to recognise that an **internship framework** could have an impact on the wider field and **lead towards integration and development by focusing on clinical practice during training**.

In this chapter, I will discuss the process of organisational change and the main themes, which emerge from it:

- Wider context and structure of training institutions
- The generic skills and differences between counselling and psychotherapy

- The question of theory and the role of internship in the generic foundation year debate.

I will end by summarising the impact of the enquiry to date and its development in the future.

1. ORGANISATIONAL CHANGE

I hypothesise that the process of enquiry itself began to introduce change into the organisation, even before the stage of implementation.

This was evident in the change from the initial enthusiasm of the first discussion group on the generic foundation year to the scepticism of the second discussion group and suggested an underlying dynamic related to the stages of organisational change referred to by Rashford and Coghlan (1989). I hypothesised that these responses indicated the degree of challenge to the organisational culture (which was not present in the reaction to the internship enquiry) and illuminated wider themes present in the professional culture. To understand the difference between the two reactions, I referred to Levy's (1986) concept on levels of change within an organisation.

My hypothesis is that the initial motivation for the development of a generic foundation year within the organisation was based on an expectation of a *first order change.* However, as the enquiry unfolded and raised challenging questions about differences between counselling and psychotherapy and the role of theory and notion of transtheoretical concepts, it began to **challenge the basis of the existing professional cultural paradigm,** which was wider than the single organisation. This was potentially a

second order change and raised wider issues related to organisational structure and funding.

Counselling and psychotherapy training is predominantly self-funded by the students. Reading their interests and wishes wrongly could result in serious financial problems for training institutions. My hypothesis is that for an organisation to embrace this level of change it would need to be motivated by powerful, possibly external, factors such as legislation, or a crisis such as insufficient student numbers. This is reflected in Levy's (1986) model. According to his theory, the second order change usually starts with a crisis.

There was no crisis motivating the organisation to engage in this level of change and, because of this, it was more likely to embrace a less destabilising degree of change.

I hypothesise that this **reflects the wider professional field** and underlies one of the **organisational reasons responsible for the emergence of so many new theoretical approaches.** It is easier and potentially less risky for an organisation to develop a new training course, or an integrative model as a substitute for the generic one (*first order change*), than to restructure the existing training (*second order change*).

On a **professional level**, the degree of resistance to the concept of a generic foundation year was related to factors of **allegiance to theoretical orientations** and perceived **differences between counselling and psychotherapy**.

The organisational process relating to internship generated far less resistance. I hypothesised that, on the organisational level, the framework of **internship presented an improvement** of the current structure. It addressed an actual area of concern and offered an opportunity for development, without threatening the whole organisational paradigm (*first order change*).

Although the internship didn't encounter such levels of resistance it raised important questions about the **meaning and process of the integration of clinical practice into training** and **basic skills and theories underlying the process of psychological change**. These are similar questions to those raised by the generic foundation year enquiry. This time they were asked from the perspective of preparing for clinical practice.

2. GENERIC SKILLS AND DIFFERENCES BETWEEN COUNSELLING AND PSYCHOTHERAPY

In contrast to disagreements about generic theories, the enquiry showed a lot of agreement about generic skills and emphasised basic counselling skills.

During the enquiry, it became apparent that it was **not possible to define the exact differences between counselling and psychotherapy at this level of training**. This was the case throughout the different cycles of the enquiry and involved both senior professionals (within the organisation and external to it) and feedback from students.

Even though counselling training courses usually focus more on teaching skills during training than psychotherapy courses, the feedback from students indicated that this did not necessarily reflect their needs.

However, cultural and historical differences between the two strands were clearly present in the field and became particularly apparent in the implementation process. The notion that psychotherapy training had 'more of everything' reflected a hierarchical relationship between the psychotherapy and counselling. The importance and the wide recognition of counselling skills as generic suggested that, despite their historically different

developmental routes, counselling and psychotherapy referred to the **same basic activity**. At the more specialised end of the spectrum, they worked with different levels of complexity and there was differentiation regarding their fields of practice.

My hypothesis is that the dynamic of hierarchy between the two, which underlies the wider professional debate, may need to be acknowledged, in recognition of the generic nature of counselling skills. I would suggest that further research into clinical practice in naturalistic settings might aid the exploration of differences between the two by exploring different levels of complexity in clinical practice.

3. THE ROLE OF THEORY

The role of theory was a prominent issue throughout the enquiry. The suggestion about theoretical teaching within the context of a generic foundation year emerged early on in the enquiry and was contained in the proposal for the generic foundation year (Appendix 6.1). **The transtheoretical concepts identified in the enquiry** (such as the concept of the therapeutic relationship) **broadly followed the findings of the 'common factors' research**.

However the process of the enquiry emphasised the strength of **psychological, social and professional aspects of allegiance to theoretical orientations**, which mirrored the literature on psychotherapy integration and the literature on the role of theory in training. Theoretical orientations have a number of functions for practitioners. They

- Provide a sense of psychological safety
- Highlight the importance of belonging to professional networks
- Relate to their cognitive epistemological styles and personal development

The strength of these themes highlighted by the enquiry was such that it suggested that the **purely generic clinical practice during early stages of training would not be possible, even though transtheoretical concepts could be developed.**

This enquiry has also suggested that the knowledge of a theoretical orientation and its related skills was particularly important for novice practitioners. This indicates that a generic approach in the foundation year may be too challenging and uncontaining.

I also hypothesise that the strength of the psychological factors underlying allegiance to theoretical models is so much part of the existing professional culture and networks that it would undermine the development of a purely generic training.

Linked to this is another question related to the role of generic theory – **Is generic clinical practice possible at all and if so, at what stage?**

The concept of allegiance to theoretical orientations does not clarify how theoretical differences translate into practice. The 'common factors' research indicates a number of generic concepts observable in clinical practice. This raises the question whether issues of generic practice could be related to the development of individual practitioners and whether clinical practice could become generic at the 'expert practitioner' stage (Dreyfus, 1986).

This could imply that **generic theory might need to be defined through clinical practice** and indicates the importance of a scientist-practitioner model in training.

This relates to the potential of an internship framework in teaching.

ROLE OF INTERNSHIP IN THE GENERIC FOUNDATION YEAR DEBATE

The process of this enquiry, particularly the central role that the internship has gained during the implementation process, has led me to reflect on the **role of clinical practice in relation to a generic foundation year**.

In order to prepare for the internship, tutors and supervisors needed to engage in the debate about theoretical concepts and skills underlying clinical practice. My hypothesis that this could lead to the recognition of generic concepts within theoretical orientations was confirmed in discussions about developing the internship pilot within the TA department. During the discussion about application, the team primarily used generic concepts related to the therapeutic relationship, clinical assessment and processes of psychological change, and discussed them in relation to TA theories. The discussion engaged the team in defining generic principles using a TA theoretical framework. This gave an opportunity to debate concepts and theories and their translation into clinical practice evident in the adopted outline of the foundation year (Appendix 7.1).**The discussion of clinical practice thus became a vehicle for clarification of theoretical concepts**.

In effect, this process led to the review and discussion of the whole of the training process, the differences between counselling and psychotherapy, and theoretical concepts taught at different levels of training. This resulted in a deeper level of change than indicated by the review of the first two years of training.

I understood this process as **action science in practice**. The internship framework, used in this way, offers a possibility to develop 'communities of enquiry' within 'communities of practice' (Friedman, 2001) at different organisational levels.

The training structure, which focuses on clinical practice as central to the process of training, creates a **double loop feedback**, which leads to a potential debate and learning in both areas. An internship used in this way translates the action research model into training by introducing the process of advanced reflection, which engages all parts of the system – clients and students as well as senior professionals involved in training and clinical practice.

This process offers **feedback to training establishments** by:

- Creating an opportunity to make explicit and reflect on 'theories in practice' within a training system (Friedman, 2001)
- Examine the process of training in relation to clinical practice
- Develop research evidence about effectiveness of training programmes, which
- Addresses requirements of clinical governance and quality assurance and
- Could lead to addressing wider research questions about effectiveness of training and the process of clinical training.

The double feedback loop learning **in the area of clinical practice** relates to:

- Teaching student practitioners to develop a research attitude to their own practice and
- Uses the scientist-practitioner model as a method to develop the ability for critical reflection and clinical effectiveness.

Organisationally, the internship could be introduced at the first order level of change (Levy, 1986). However, by placing a structured process of enquiry into the context of teaching clinical practice, an **internship has the potential to effect the second order level of change** (Levy, 1986) and create a 'community of enquiry within communities of practice' (Friedman, 2001) in the training process.

REFLECTION ON THE METHODOLOGY AND PROCESS OF THE ENQUIRY

The enquiry was based on an exploration led by organisational needs and questions about the relationship between training and clinical practice. The methodology of clinical approach to action research (Schein, 1995) addressed the aims of the enquiry by responding to the needs of the organisation. It led to the development of the existing placement service and an exploration of a new approach to training.

As I expected, the extrapolation of generic concepts was relatively easy to achieve, although it raised particular issues related to the role of theory in training and differences between counselling and psychotherapy. As expected within a clinical enquiry, **the process of research revealed important organisational dynamics**. Using a systemic meta-perspective, I hypothesised that these processes related to wider issues of professional culture, diversity and integration of theoretical approaches and the role of clinical practice in this process. In this context, the organisation served as a subsystem of the wider professional field.

The process of enquiry has also led me to engage with questions related to organisational and professional culture that I did not envisage at the beginning. **Discussion groups** in the first part of the enquiry were essential to this process. They addressed issues of content and raised contextual issues, which became so central to this enquiry.

By comparison, **interviews** in this part of the enquiry didn't provide as much information, although they provided external input and helped me to recognise some **commonalities and differences between the external and the internal**. They suggested that most of the content emerging from the discussion groups was not limited to the one organisation and helped to narrow down the initial training outline. However, the systemic obstacles to the development of generic training did not emerge in this process, because interviews took place outside an organisational context. With hindsight, I think that I could have achieved similar results using questionnaires, without engaging in such an intensive method of enquiry. On the other hand, interviews helped me to define my role as a researcher. The intensity and in-depth reflection during the process of interviews helped me to formulate my own ideas, separate to some extent from being immersed in my organisational role and gain confidence in asking questions.

Questionnaires I gave to students provided important information, which offered a degree of challenge to senior practitioners in relation to the importance of theory, theoretical orientations and skills at this stage of training and demonstrated the **significance of engaging all the stakeholders within the system**. The internship pilot will expand on this role and engage students and clients more fully in the process of reflection and giving feedback to the organisation.

In contrast to the enquiry into a generic foundation year, **the internship enquiry** involved an exploration of an **area of wide practical application but limited theoretical background**. In this part of the enquiry, **I used my own professional experience more directly** to reflect on different models and their application to practice and to develop an internship outline. I realised again through this process that the meaningful coordination of practice and training required the involvement of all the participants within the training system.

The process of **implementation** was important to this enquiry because it **tested the relevance of proposed developments and raised systemic issues and themes** inherent in the wider professional culture, which would be essential in any further application of this research.

The **role of being an internal consultant** raised different issues at different stages of the enquiry. My role and existing relationships in the organisation made the **initial stages of the enquiry easier** and my understanding of the organisation deeper. However, the role of internal consultancy became far **more challenging and difficult in later stages,** particularly during implementation.

I observed how the sense of ownership of the enquiry shifted during the process. From the position of taking a part in a collaborative project at the beginning to playing the role of an agent of change when the enquiry brought up resistance, the process finally concluded with shared ownership of the pilot project.

I reflected on this in relation to Price's (2001) view that an internal consultant should not be a competitor or a stakeholder in the process. I question whether such a position would be possible at the group process level. Based on my experience, I think that the

relationship of an internal consultant with the organisation always contains aspects of both, on the unconscious level, and invites projection.

An aspect of stakeholding by the internal consultant is also related to issues of the closeness to practice and direct responsibility within the organisation (Berragen, 1998). The enquiry became emotionally very demanding for me through the intensity of my own involvement and commitment to the organisation and the length of time spent dealing with processes of change within different organisational levels. This impact was directly related to my closeness to the organisational practice and the level of responsibility for initiating the process of change. However, the same factors motivated me to undertake the project. With hindsight, I realise that it would have been helpful for me as a researcher to have had some external help and support during the enquiry. I developed my role and learned from it through engaging with the process. At times, this led to confusion and uncertainty about my role and identity within the organisation, both for myself and the participants of the enquiry. External consultancy at this stage might have been supportive and might have helped me to define my role better.

The role of an internal consultant has had its rewards as well, related to being a part of the ongoing organisational development. As the change gains pace and develops its own momentum, I look forward to the creativity and collaboration of the 'Doing' stage of the 'change process' (Rashford and Coghlan, 1989).

IMPACT OF THE ENQUIRY

The enquiry to date has initiated a process of reflection and change within the organisation. The outcome of this process has already resulted in the pilot project entailing significant restructuring of one of the training departments.

In my view, one of the **central outcomes of this enquiry is that it has placed a process of action research at the core of training**. The cycles of enquiry, which have initiated the organisational change, have gained momentum and will lead to ongoing cycles of reflection and improvements in the quality and effectiveness of training.

This development will be linked to the **evaluation of the pilot**, and decisions based on it, with **possible impact on the strategic policy and culture of the organisation**.

Ongoing action research, used at the core of training, is an original development in the field that **addresses issues of effectiveness and quality assurance**, gives an **active role to students in the process** and addresses the **research-practice gap** by teaching students to reflect on their clinical practice.

This creates an opportunity for **future research into the interface between training and clinical practice**, which would address a gap in research literature.

The third person level of this enquiry (Reason and Bradbury, 2001) will follow on from the organisational change. Systemically, a new development in a large reputable training organisation, like the Metanoia Institute, will create an **impact on other training establishments** through the professional networks in the field.

Now that the organisational change has gained momentum, I will also engage in the process of publicising this research through **conference presentations and publishing**.

CHAPTER 7:REFERENCES

-ASSOCIATION FOR FAMILY THERAPY (2002) Information on Training http:/ /www.aft.org.uk

-ASSOCIATION OF PSYCHOLOGY POSTDOCTORAL AND INTERNSHIP CENTRES (undated), http:/ / www.appic.org

-ARGYRIS, C., PUTNAM, R., SMITH, D., (1985) Action Science: Concepts, Methods, and Skills for Research and Intervention San Francisco, CA: Jossey-Bass

-ARKNOFF, D.B (1983) Common and Specific Factors in Cognitive Therapy in M.D LAMBERT (Ed), Psychotherapy and Patient Relationships, Homewood, IL: Dorsey

-ARMSTRONG, J (2003) Training for Paraprofessional Counsellors: Evaluating the Meaning and Impact of a Common Factors Approach Counselling And Psychotherapy Research, December,Vol.3, No4, pp.270-277

-ARTHUR, A (2000) Do I Choose my Orientation: or Does it Choose Me? The Psychotherapist, Spring, No.14,pp. 24-27

-BARKER, PISTRANG, ELLIOTT (1994) Research Methods in Clinical and Counselling Psychology John Wiley

-BARLOW, D.H (1996) Health Care Policy, Psychotherapy Research and the Future of Psychotherapy American Psychologist October,51(10). pp.1050-58

-BERGIN A. E& GARFIELD S.L ,Eds (1994) Handbook of Psychotherapy and Behaviour Change 4th Edition, John Wiley

-BERRAGAN, L, (1998) Consultancy in Nursing: Roles and Opportunities Clinical Nursing March (2) pp.139-143

-BEUTLER, L.E (1983) Eclectic Psychotherapy: A Systematic Approach, Elmsford, NY: Pergamon

-BEUTLER, L.E; MACHADO P.P.P; NEUFELDT S (1994) Therapist Variables in Handbook of Psychotherapy and Behaviour Change 4th Edition (1994),Eds. BERGIN A. E& GARFIELD S.L John Wiley

-BRITISH ASSOCIATION FOR COUNSELLING AND PSYCHOTHERAPY (undated) Ethical Framework for Good Practice in Counselling and Psychotherapy http://www.bacp.co.uk

-BRITISH PSYCHOLOGICAL SOCIETY (undated) Ethical Principles for Conducting Research with Human Participants http://www.bps.org.uk

-BUNIN, N &TSUI-JAMES, E., P., (Ed.), (1996) The Blackwell Companion to Philosophy Blackwells

-CARTER, M (undated) Clinical Governance in Counselling and Psychotherapy in the NHS, BACP Information Sheets, http://www.bacp.co.uk

-CARROLL,M;(1996)Counselling Supervision- Theory ,Skills and Practice Casssell

-CLEARING HOUSE FOR POSTGRADUATE COURSES IN CLINICAL PSYCHOLOGY(2004) Handbook

-CLARKSON, P (1991) Transactional Analysis Psychotherapy: An Integrated Approach London: Tavistock/Routledge

--CORE SYSTEM GROUP, (1998) CORE System Information Management Handbook CORE System Group, Leeds

-DEPARTMENT OF HEALTH, (2001) Treatment Choice in psychological Therapies and Counselling, Evidence Based Clinical Practice Guideline.Department of Health, UK

-DOLLARD, J AND MILLER, N., E (1950) Personality and Psychotherapy New York: McGraw-Hill

-DRYDEN, W (1987) Theoretically Consistent Eclecticism: Humanising a "Computer Addict" In Casebook of eclectic psychotherapy Ed. J.C NORCROSS pp.221-237

-DRYDEN, W; THORNE (1991) Key Issues in the Training of Counsellors Training and Supervision for Counselling in Action Sage

-DRYDEN, W; THORNE (1991) Approaches to the Training of Counsellors Training and Supervision for Counselling in Action Sage

-DRYDEN, W; THORNE (1991) Key Issues in the Training of Counsellors Training and Supervision for Counselling in Action (1991) Sage

-EGAN, G. (1990) The Skilled helper: A Systematic Approach for Effective Helping 4th Edition Pacific Grove:Brooks/Cole

- EVANS, R in association with CORE INFORMATION MANAGEMENT SYSTEMS Ltd.CORE System Data to Support the Management of Brief Psychological Therapy Services-a Framework in Development (2003)

-FELTHAM, C. (1999) Against and Beyond CORE Theoretical Models; Controversies in Psychotherapy and Counselling; Sage

-FLOOD, R.L (2001) The Relationship of Systems Thinking to Action Research in Handbook of Action Research: Participative Inquiry and Practice Eds. REASON, P & BRADBURY, H, Sage

-FRANK, J. D & FRANK, J.B (1991) Persuasion and Healing: a Comparative Study of Psychotherapy Baltimore: John Hopkins University Press

-FRIEDMAN, V.J (2001) Action Science: Creating Communities of Inquiry in Communities of Practice in Handbook of Action research: Participative Inquiry and Practice) Eds. REASON, P & BRADBURY, H, Sage

-GARB, H.N, (1989)-Clinical Judgement, Clinical Training and Professional Experience, Psychological Bulletin 105 pp.387-396

-GARFIELD, S, L. (1957) Introductory Clinical Psychology New York: Macmillan

-GARFIELD, S., L (1973) Basic Ingredients or Common Factors in Psychotherapy? Journal of Consulting and Clinical Psychology 45 pp.78-83

-GARFIELD S.L & BERGIN A.E (1994) Introduction and Historical Overview in Handbook of Psychotherapy and Behaviour Change 4th Edition, Eds. GARFIELD S.L & BERGIN A.E John Wiley

-GILBERT, C.M; EVANS, K (2000) Psychotherapy Supervision- an Integrative Relational Approach to Psychotherapy Supervision Open University Press

-GILL, M. (1984) Psychoanalytic, Psychodynamic, Cognitive Behaviour and Behaviour Therapies Compared in Psychoanalytic therapy and behaviour therapy :Is integration possible? Eds.H. ARKOWITZ & S.B. MESSER pp.179-187New York:Plenum

-GOLDFRIED, M., R (1980); Toward the Delineation of Therapeutic Change Principles American psychologist 35 pp.911-999

-GOLDFRIED M.R & NEWMAN C.F (1992) A history of Psychotherapy Integration in Handbook of Psychotherapy Integration, Eds. NORCROSS,J.C &GOLDFRIED M.R Harper Collins

-GOLDFRIED, M & WOLFE, B (1996) Psychotherapy Practice and Research: Repairing the Strained Alliance; American Psychologist vol.51 (10) Oct pp.1007-1016

-GOSS, S. &ROSE, S (2002) Evidence Based Practice: a Guide for Counsellors and Psychotherapists Counselling And Psychotherapy Research, June 2(2) pp.147-51

-GREENCAVAGE, L.M & NORCROSS J.C (1990) Where are the Commonalities Among the Therapeutic Factors? Professional Psychology: Research and Practice 21 pp.372-378

-HARGADEN,H & SILLS,C (2002) Transactional Analysis –A Relational Perspective Buner-Routledge

-HAWKINS, P; SHOHET, R;(2000) Supervision in the Helping Professions (2nd edition) Open University press

-HERON, JOHN, (1996) Co-operative Inquiry Sage

-HERZBERG, A (1945) Active Psychotherapy New York: Grune& Stratton

-HOLLANDERS, H& MCLEOD, J. (1999) Theoretical Orientation and Reported Practice: a Survey of Eclecticism Among Counsellors in Britain British Journal of Guidance and Counselling 27 pp.407-14

-HOLMES,J & LINDLEY,R (1989)The Values of Psychotherapy, Oxford : Oxford University press

-HONDERICH, T. (Ed.)(1995) The Oxford Companion to Philosophy Oxford University press

-HOSHMAND, L, T & POLKINGHORNE, D.E (1992) Redefining the Science-Practice Relationship and Professional Training American Psychologist January 47(1) pp.66-66

-HOWARD, K.I et. al (1996) Evaluation of Psychotherapy: Efficcy, Effectiveness and Patient progress American Psychologist 51(10) October pp.1055-64

-KARASU, T.B (1986) The Specificity Against the Nonspecisficity Dilemma: Toward Identifying Therapeutic Change Agents American Journal of Psychiatry 143 pp.687-95

-KINGS COLLEGE LONDON (undated) Postgraduate Prospectus Undergraduate Programme Profile

-KUBLER-ROSS, E. (1970) On death and Dying Tavistock London

-LACEY, M, Y (1995) Internal Consulting: Perspectives on the Process of Planned Change Journal of Organisational Change 8(3) pp.75-84

-LAMBERT, M.J. & BERGIN, A.E (1994) The Effectiveness of Psychotherapy in Handbook of Psychotherapy and Behaviour Change 4th Edition Eds. GARFIELD S.L & BERGIN A.E John Wiley& Sons Inc

-LECHTE, J (1994) Fifty Key Contemporary Thinkers – from Structuralism to Postmodernity, Routledge,

-LEES, J (2001) Reflexive Action Research: Developing Knowledge Through Practice Counselling and Psychotherapy Research, August 1(1) pp.132-138

-LEES, J (2004) Eclecticism and Integration Counselling and Psychotherapy Journal July Vol.15 (6), pp.25-27

--LEVY,A (1986) Organisational Transformation Praeger Publishers

-LONDON P., (1972) The End of Ideology in Behaviour Modification, American Psychologist 27 pp.913-920

-LUBORSKI, L (1990) Theory and Technique in Dynamic Psychotherapy- Curative Factors and Training Therapists to Maximise them; Psychotherapy and psychosomatics 53 pp.50-57

-LEWIN, K, (1951) Field Theory in Social Sciences New York: Harper&Row

-LYDDON, W.J. (1989); Personal Epistemology and Preference for Counselling Journal of Counselling Psychology 36 pp.423-429

-MAHRER, A (1989) The Integration of Psychotherapies: a Guide for Practicing Therapists New York: Human Sciences Press

-McLEOD, J. (1997) Narrative and Psychotherapy Sage

-McLEOD, J (1999) Practitioner Research in Counselling Sage

-McLEOD, J (2001) Developing a Research Tradition Consistent with the Practices and Values of Counselling and Psychotherapy: Why Counselling and Psychotherapy Research is Necessary Counselling and Psychotherapy Research April 1(1) pp.3-17

-McLEOD,J (2003) An Introduction to Counselling 3rd edition Open University press

-MESSER S.B. (1986) Behavioural and Psychoanalytic Perspectives at Therapeutic Choice Points American Psychologist 41 pp.1261-1276

-MESSER, S., B (1992) A Critical Examination of Belief Structures in Integrative and Eclectic Psychotherapy in Handbook of Psychotherapy Integration. Eds.J.C NORCROSS&M.R GOLDFRIED New York: Basic Books

-METANOIA INSTITUTE (2002/2003) Diploma in Person Centred Counselling Student Handbook

-METANOIA INSTITUTE (2002/2003) Gestalt Psychotherapy MSc/Diploma Student Handbook

-METANOIA INSTITUTE (2002/2003) Integrative Counselling Psychology and Psychotherapy, MSC/Diploma Student Handbook

-METANOIA INSTITUTE (2002/2003) Integrative Psychotherapy MSc/Diploma Student Handbook 200

-METANOIA INSTITUTE (2002/2003) Transactional Analysis Psychotherapy, MSC/Diploma Student Handbook

-MIDDLESEX UNIVERSITY (2002)- Internship Programme Summer Studies in London Course Catalogue

-NHS EXECUTIVE (1996) NHS Psychotherapy Services in England, Review of Strategic Policy, Department of Health

-NORCROSS, J., C. (1986) Handbook of Eclectic Psychotherapy New York: Brunner/Mazel

-NORCROSS J., C (1988) Supervision of Integrative Psychotherapy Journal of Integrative and Eclectic Psychotherapy 71 pp.157-166

-NORCROSS.J.C &THOMAS, B, L (1988) What's Stopping Us Now? Obstacles to Psychotherapy Integration; Journal of Integrative and Eclectic psychotherapy 7 pp.74-80

-NORCROSS J.C & NEWMAN C.F (1992) Psychotherapy Integration: Setting the Context Handbook of Psychotherapy Integration Harper Collins

-ORLINSKY, D.E& HOWARD K.I (1986) Process and Outcome of Psychotherapy; Handbook of Psychotherapy and Behaviour Change 3rd Edition John Wiley

-ORLINSKY, D.E.; GRAWE, K & PARKS, B (1994) Process and Outcome in Psychotherapy – Noch Einmal; Handbook of Psychotherapy and Behaviour Change 4th Edition, (1994) John Wiley& Sons Inc

-PALEY, G. &LAWTON, D (2001) Evidence Based Practice: Accounting for the Importance of the Therapeutic Relationship in the UK National Health Service Provision Counselling and Psychotherapy Research April 1(1) 12-17

-PASSMORE, W (2001) Action Research in the Workplace: the Socio- Technical Perspective in Handbook of Action research: Participative Inquiry and Practice Eds. REASON, P & BRADBURY, H Sage

-PARRY, G. (1996) NHS Psychotherapy Services in England, Review of Strategic Policy NHS Executive

-PARRY, G (2002) Evidence Based Psychotherapy: an Overview Metanoia Institute Specialist Seminar Material

-PATTERSON, C.H. (1967) Divergence and Convergence in Psychotherapy American Journal of Psychotherapy 21 pp.4-17

-POINTON, C (2004) Counselling and Psychotherapy: Is There a Difference? Counselling and Psychotherapy Journal, March vol.15 no.2 pp.5-9

-PRICE, A, (1996) Commissioning Nurse: In House Consultancy Projects Nursing economics pp.1-7

PRICE, A, (2000) How to Conduct an Internal Evaluative Consultancy Nursing Management, November 7(7) pp.16-21

-PRICE, A, (2000) How to Conduct a Feasibility Consultancy Nursing Management December/January 7(8) pp.16-21

- PRICE, A, (2001) Cost Benefit Analysis, Nursing Management February 7(9) pp.25-31

-PRICE, A, (2001) Conducting a Process Consultancy Nursing Management March 7(10) pp.29-34

-PROCHASKA, J.O, DI CLEMNTE, C.C (1992) The Transtheoretical approach in Handbook of Psychotherapy Integration, Eds.NORCROSS J.C& GOLDFRIED, M.R Harper Collins

-PROCTOR, B (1991) Approaches to the Training of Counsellors in Training and Supervision for Counselling in Action (1991) Eds. DRYDEN, W & THORNE, B Sage -RASHFORD, N, S &COGHLAN, D (1989) Phases and Levels of Organisational Change Journal of Managerial Psychology Vol. 4 Issue 3 pp.17

-REASON, P., H. (2000) Action Research as Spiritual Practice prepared for the University of Surrey Learning Community Conference 4/5/2000

-REASON, P. H. & BRADBURY - (2001) Participative Inquiry and Practice, Handbook of Action research Sage

-REASON, P & BRADBURY, H (2001) Introduction: Inquiry and Participation in Search of a World Worthy of Human Aspiration in Handbook of Action research: Participative Inquiry and Practice Eds. REASON, P & BRADBURY, H, Sage

-RENNIE, D., L.- Qualitative Research- a Matter of Hermeneutics and the Sociology of Knowledge Metanoia Institute Specialist Seminar Material

-RIORDAN, P (1995) The Philosophy of Action Science Journal of managerial psychology 10(6) pp.6-13

-ROSENZWIEG, S (1936). Some Implicit Common Factors in Diverse Methods of Psychotherapy American Journal of Orthopsychiatry 6 pp.412-415

-ROWAN, J., (2001) Counselling And Psychotherapy, Different and the Same Counselling and Psychotherapy Journal August

-ROWLAND, N (2001) Clinical Guidelines for Treatment Choice Decisions in Psychological Therapies and Counselling BACP Information sheets http:/ /www.bacp.co.uk

-SCHEIN, E, H (1985) Organisational Culture and Leadership Joyssey-Bass, San Francisco

- SCHEIN, E, H (1988) What is process consultation? In Process Consultation:(Volume 1):Its role in Organisational Development Addison-Wesley

-SCHEIN, E., H (1993)-On Dialogue, Culture and Organisational Learning Organisational Dynamics Autumn pp.40-51

-SCHEIN, E, H (1995) Process Consultation, Action Research and Clinical Enquiry: Are They the Same Journal of Managerial Psychology 10(6) pp.14-19

SCHEIN, E, H (2001) Clinical Inquiry/Research in Handbook of Action research: Participative Inquiry and Practice Eds. REASON, P AND BRADBURY H Sage

-SCHON, D., A., (1983) The Reflective Practitioner. How Practitioners Think in Action Basic Books: New York 1983

-SILVERMAN, D (2001) Interpreting Qualitative Data Sage

-STRINGER, E., T. (1999) Action Research 2nd Edition Sage

-STRUPP, H.H (1973) On the Basic Ingredients of Psychotherapy; Journal of Consulting and Clinical Psychology 41 pp.1-8

-THE TRAINING & PRACTICE DEVELOPMENT SECTION OF SAINSBURY CENTRE FOR MENTAL HEALTH (2000) The Capable Practitioner – A Framework and List of Practitioner Capabilities Required to Implement the National Service Framework for Mental Health, A report for the National Service Framework Workforce Action team – Sainsbury Foundation

-UKCP (undated)– Generic Training Outcomes United Kingdom Council for Psychotherapy

-WAMPOLD, B.E (2001) – The Great Psychotherapy Debate Lawrence Erlbaum Associates

-WHEELER, S (1999)- Training in a Core Theoretical Model is Essential; in Controversies in Psychotherapy and Counselling Ed.Feltham, C. Sage

-WHITEHOUSE, F., A. (1967) The Concept of Therapy: A review of Some Essentials; Rehabilitation Literature 28 pp.238-347

-WOODY, R.H (1971)- Psychobehavioural Counselling and Therapy: Integrating Behavioural and Insight Techniques New York: Appleton-Century-Crofts

-WESSEX NHS – (2003) Summary of the Agreement for Doctors in Training, Pre- Registration House officers http:/www.org.co

APPENDICES:OVERVIEW

APPENDIX 1:TRAINING PROPOSALS

1.1 GENERIC FOUNDATION YEAR IN PSYCHOLOGICAL THERAPY

This proposal has maintained the same structure as the initial proposal developed in the first discussion group. However, the content has been reviewed and changed on the basis of the findings of the enquiry.

The basic philosophical premise of the generic foundation year is that a therapeutic relationship is central to the practice of psychological therapy. Well-developed psychological theories are necessary for therapeutic practice. Within this context, they are seen to be narrative in nature and context bound rather than absolute.

AIMS AND OBJECTIVES

The primary aim of the generic foundation year would be to prepare students for the start of clinical practice in the second year. The training would aim to develop basic therapeutic attitude and skills, students' interpersonal skills and self-reflection and would introduce students to relevant psychological theories within a wider epistemological and political context.

This training year could also be used as a stand-alone year for developing skills that would be usable in a variety of work and personal settings, rather than leading into clinical work.

A generic foundation year would also map the available professional support and the ways it might be used and accessed.

METHODS

Prior research suggests that didactic teaching and simple exposure are not effective when training psychotherapists.

My enquiry confirmed that senior psychotherapists and tutors valued methods that combined experiential with didactic training, particularly at this stage of training. The following are the methods already used in counselling/psychotherapy training and I suggest using the same methods, together with increased levels of recording and feedback in the foundation year.

Methods:

- Integrated group process at the beginning and the end of training days as one method of increasing trainees' personal awareness
- Experiential learning that combines the use of videos, pairs, small group work and 'fishbowls' with learning about giving and receiving feedback. Practice sessions would ideally be recorded and used for further study.
- Personal psychotherapy
- Group sessions – discussions and applications of theory and reflection groups to promote active engagement with the material
- Didactic teaching of theory always combined with personal meaning making.

CONTENT

The enquiry clarified the content of the course, which would be readily recognised by many students and tutors of psychological therapies. This suggests that generic concepts at this stage of training are already familiar and apparently easily agreed.

However, both interviews and questionnaires strongly recommended the importance of practice during training, personal exploration and feedback.

THERAPEUTIC SKILLS

1. Assessment skills – Assessment was seen as a clinical skill that in its further development requires approach-specific training. At this level, it would focus on beginning to develop the skill

generically, preparing students for clinical practice in the second year of training. It would involve developing:

- Ability to meet and engage with the client and structure the first session
- Ability to begin to assess the internal and social functioning of the client and to reflect on the appropriateness of treatment
- Ability to assess one's capability to take on a client.

2. Skills needed to develop and maintain a working alliance

The skills listed are not exhaustive and might be given different emphases by different institutes. Teaching of skills always needs to be rooted in practice and personal experience. At this stage, practice is related to the use of skills during training (i.e. triads, recorded sessions) and forms an essential part of training.

- Basic counselling skills (Egan or similar)
- Active listening and reflectiveness
- Phenomenological inquiry
- Ability to use personal responses in the therapeutic encounter
- Ability to understand and respect other frames of reference
- Awareness and respect of cultural issues
- Ability to balance support and confrontation
- Ability to make agreements
- Awareness of ways of shaping and structuring a session
- Body awareness.

3 Development of a research /evaluative attitude to one's own work and interventions

This area relates to basic attitudes and knowledge, such as:

- Awareness of the need to reflect on the impact of interventions and adapt them appropriately

- Understanding of the wider context of evaluation – issues of accountability of psychotherapy.

4. **Awareness of the element of time in therapy** – Awareness of long- and short-term work and the principle of time awareness.

5. **Ability to think ethically**

- Understanding the existence and role of professional codes of ethics
- Understanding of boundaries within the context of psychological therapy.

PERSONAL AWARENESS

Since a therapeutic relationship is central to psychotherapy, development of personal awareness would form an essential aspect of training and would need to be assessed. The abilities listed above were not seen as needing to be fully achieved by the end of the training year. Instead, they would be demonstrated and assessed according to the degree to which the student had attained an attitude of openness for exploration in areas such as:

- Awareness of the impact of self in practice including the cultural self
- Ability to relate to others, give and receive feedback and be respectful
- Ability to take emotional risks and share with others
- Ability to self reflect
- Ability to hold the tension between the personal and the professional
- Awareness of one's own personal process and ability to reflect on it
- Ability to explore the internal frame of reference and understand how it impacts on the environment.

THEORETICAL AND GENERAL KNOWLEDGE

The teaching of theory at this stage would focus on providing a wide base of understanding of the development and context of psychological theory as well as a framework for self-development. Students would be encouraged to develop an awareness of their own values and personal styles in relation to theory.

The theory listed below is not exhaustive.

- Understanding of the epistemological basis of psychotherapy within a Western philosophical paradigm
- Understanding the nature of theory, differences between abstract and experience-based theories and understanding theories in historical contexts. Understanding of the narrative rather than the absolute nature of theory. Information about the context and historical development of the three basic orientations – humanistic, psychoanalytic and cognitive behavioural
- Understanding of the divergent aspects of repetitive patterns of behaviour, the nature of psychological process of change and uses of the therapeutic relationship contained in the three basic orientations
- Understanding of professional support and ways of accessing it. This relates to practical, professional support rather than theoretical knowledge of how to use supervision, research and theory sources.

ATTITUDES

- Ability to understand one's own learning process and to take responsibility for learning
- Respect for the wider context of therapy

- Respect for different professional approaches to psychotherapy as well as the ability to be appropriately critical.

STUDENT ASSESSMENT

This area was clearly delineated in the first discussion group and has not been changed through the process of enquiry. It would consist of:

1. Assessment at course intake

- In addition to academic and experiential entry requirements, the assessment would look for: A basic ability for self reflection
- A basic ability to respond to others, both in individual and group settings
- A basic ability to respond to feedback
- Ability for empathy.

In addition, the assessor would screen applicants who showed difficulty with impulse control or other symptoms of severe personality disorders.

2. Assessment at the end of the year

- Structured self/peer and tutor assessment – this will involve a formal process of individual goal setting and feedback
- Group participation – evidence of abilities for self reflection, giving and receiving feedback and integration of feedback into practice
- Journal – would need to demonstrate and be assessed on the ability to reflect and to hold the balance between the personal and the professional.
- Two essays – one would be a theoretical essay, the other would assess the ability to reflect on practice

- The theoretical essay would prepare students for undertaking an academic course and would contain evidence of their ability to use research and theoretical and clinical resources
- The second essay would involve recording of a practice session during training, including structured feedback. Students would be required to produce a: Reflection and summary of their work.

1.2 INTERNSHIP PROPOSAL

Following the third cycle of the enquiry, and having combined insights from it with those of the previous two cycles, I have been able to synthesise the structure and content of the internship and to develop an internship proposal as the second product of the overall enquiry.

OVERVIEW

The enquiry suggested that a structured, practice-based internship year could be developed at the level of starting clinical practice with the aim of providing early integration of practice and theory. The common elements emerging from the enquiry were:

- A balance between clinical practice and theoretical input
- Internal supervision
- Monitoring and evaluation

The APPIC definition for internship as an "organised training programme, which, in contrast to supervised experience or on-the-job training is designed to provide the intern with a planned, programmed sequence of training experiences. The primary focus and purpose is assuring breadth and quality of training" is appropriate for this programme. The main elements of the internship would be:

- Structured setting – Training, practice and supervision would be coordinated. The need for this was highlighted by both interviews
- Individual pace of training – The internship could take 9 – 24 months with the timing of training agreed individually with a student, at the same maintaining minimum training, practice and supervision requirements. This time frame is quoted in the APPIC programme and used for medical placements in the UK.

Students who bring in higher levels of experience and prior training could complete training in a shorter period; other students may need to take longer, in order to attend to their professional and personal needs

- Knowledge – Practice would need to be underpinned by a framework of values, attitudes and theoretical knowledge in addition to practical competencies. This would be in line with the NSF requirements, a point emphasised in both interviews
- Assessment – The student would need to provide evidence of effective and reflective practice and ability to apply theory in order to gain a certificate of competence. The need for evidence-based practice is a requirement of the wider field in the UK (NSF 2000; DoH 2001).

STRUCTURE OF THE YEAR

My enquiry indicated that it would be more appropriate in practice to offer internship as a rolling programme rather than have it fixed to the academic timetable. This would provide the flexibility needed both by students and clients and a better match between training needs and work with clients.

Training modules – The teaching programme could be organised as a rolling programme offering 10 two-day teaching modules focusing on different aspects of clinical practice (although this could be adapted to different time structures). I suggest that theory at this stage needs to provide a framework for understanding as well skills for clinical practice.

Clinical Practice – Students would be expected to practice with 2–3 clients per week, depending on the level of their professional development as assessed by their supervisor. All clients would be assessed initially by a senior practitioner.

Supervision – Supervision would be provided weekly in both group and individual settings.

Personal Development – Personal development would continue to be an essential part of training and would take place through personal psychotherapy, supervision and training.

TRAINING MODULES

In considering the training content for this year I have incorporated some of the results from the generic foundation year enquiry.

Although there are clear generic skills needed at this stage of training, I accept that, at the level of clinical practice, different approaches formulate and conceptualise these skills in a different way, and that students' training needs at this level would be best addressed by approach-specific training.

The focus of theoretical and skills training at this stage needs to be on the development of clinical competence and on evidence-based practice – broadly outlined in the generic Model of Psychotherapy (Orlinsky, Howard, 1987).

1. A formal aspect (therapeutic contract) – understanding about goals and conditions of engagement

2. A technical aspect (therapeutic operations) – specific technical procedures Viewed generically, these always involve some form of problem presentation, expert understanding, therapist cooperation and patient cooperation
3. An interpersonal aspect (a therapeutic bond)
4. An intrapersonal aspect (self-relatedness), research/evaluative frame of mind on the side of the practitioner
5. A temporal aspect (sequential flow)

According the generic foundation year enquiry, this training would also need to incorporate specific issues, such as:

- Diagnosis and psychopathology
- Understanding of client context
- Issues of ethics and professional practice
- Introduction of methods of research into clinical practice
- Ability to use research and other forms of professional support.

SUPERVISION

In order for internship supervision to provide the main link for the integration of training into practice, it would need to be:

- Contracted by the training institute. The three-cornered contract would need to be clearly specified (Proctor, 1991; Gilbert & Evans, 2000)
- Offered by highly skilled and experienced supervisors familiar with training and the complex developmental needs of trainees (Hawkins & Shohet, 2000; Gilbert and Evans, 2000; Carroll, 2000)
- Have an upfront planning and evaluative role that needs to be balanced with the supportive and restorative functions of supervision (Gilbert & Evans, 2000).

Forming a supervisory relationship in the context of internship would need to be a first step prior to the start of practice or attendance of professional training.

The supervisor would be responsible for planning and agreeing a programme of training and practice with the student in conjunction with their primary tutor and an internship manager. The learning programme would entail:

- Initial choice in the order of taking training modules
- Assessment of readiness to see clients and agreeing an initial number of clients appropriate for the student.

I suggest that the first learning programme needs to be developed within the first month of the internship and reviewed and adjusted quarterly. (The PRHO scheme for medical students suggests the first "appraisal" within 10 days of starting the placement; my second interviewee particularly stressed the importance of early formative reports.). The formative reports could vary the training schedule and might involve a recommendation to repeat some of them or suggest an appropriate level of client contact.

The supervisor would support and evaluate the clinical practice and the development of the student through:

- Exploration of taped clinical material as well as verbal reports. At this stage, taped clinical material needs to form an essential basis of supervision, as students have not yet reached the stage of being able to reflect on the overall therapeutic process or being aware of their learning needs
- The use of an evaluative method such as CORE
- Exploration of relationships and transferential issues with the supervisor, colleagues and authority figures and their relevance to clinical practice. Both interviewees in my enquiry, as well as supervision literature (Hawkins & Shohet, 2000; Gilbert & Evans, 2000), stressed the relevance of transferential issues in supervision at this stage of training.

Regular meetings with the internship manager and the primary tutor would be required to ensure communication between the three aspects of training.

CLINICAL PRACTICE

Internal practice placement at this stage of training would offer increased containment for the beginning practitioner.

The internship manager would have an overall coordinating role – a responsibility for client allocation in conjunction with the supervisor's and tutor's recommendations, the organisation of regular review meetings with a tutor and a supervisor and providing structured feedback to the student regarding clinical practice issues, formative assessment and final assessment.

The internship manager will have a particular insight into areas of professionalism and aspects of ethical practice, knowledge of feedback given by clients to the organisation and a practitioner's ability to hear and work with feedback constructively, as well as the ability to form a therapeutic alliance.

STUDENT ASSESSMENT

Assessment of the internship would need to contain different elements:

1. Assessment of academic understanding – this could be assessed through the usual essay and supervised practice reports
2. Assessment of personal readiness – this would be part of an ongoing assessment and feedback by the student, peers, tutor, practice manager and supervisor

- 3. Assessment of practice– this would be done through: Detailed supervised practice reports, twice yearly, focusing on different aspects of developing an effective therapeutic relationship

- Ability to monitor the effectiveness of the clinical work undertaken (for example, by using the CORE System) and development of a research attitude to practice
- A number of clinical hours (2–3 clients per week indicate that 80 hours would need to be a minimum)
- Reflectiveness – I suggest a use of learning journals or an internship journal with a focus on reflecting on one's own learning, clinical work and personal reflection.

APPENDIX 2 : PILOT SCHEME

2.1 TA FOUNDATION YEAR BASED ON GENERIC CONCEPTS

FOUNDATION YEAR 2004–2005

AIMS: - *To prepare students for clinical placement*
Teach basic theory including theories of change
Develop capacity for self reflection
Develop basic therapeutic attitude and skills
Develop ability to place work within a cultural framework

MODULE 1 – *What is the therapeutic relationship and what is the role of the TA practitioner?*
Group formation, learning styles and learning contracts, therapeutic relationship and roles, philosophy and basic tenets (1st order structural model, life positions)

MODULE 2 – *Being in the relationship*
Skills training in preparation for triads, e.g. reflective listening, self disclosure, Berne's operations, etc.

MODULE 3 – *Considering the relationship*
TA proper and functional model of ego states

MODULE 4 – *Understanding the development of the relationship*
Child development and Script formation (2nd order structural ego states, Mahler, Bowlby, Levin and Fowlie's model)

MODULES 5–6 – *Assessing the relationship*
TA diagnostic tools and how to use them
5 – Script matrix, Drivers and Injunctions
6 – Games, rackets and the racket system

MODULES 7–8 – *Preparing to work with the relationship*
7 – Assessment, building a working alliance, what is supervision?, business contracts, treatment contracts and three-cornered contracts, Loomis care contracts, Steiner's requirements, safety contracts and protection
8 – Treatment planning and direction, including Ware's personality adaptations

MODULE 9 – *Working in the relationship*
Working with script and how it makes itself known in the relationship – symbiosis, passive behaviour and discounting

MODULE 10 – *Ourselves in the relationship*
Peer and tutor assessment, group review, group imagos, emotional trading stamps

Developed by Heather Fowlie, in discussions with Charlotte Sills and Vikki Baskerville

2.2: INTERNSHIP TRAINING OUTLINE (DRAFT)

Year Title: The Working Alliance – Self in Practice

1. **Establishing a Climate for Change**
   Contact and contracts; establishing learning groups; discussion re handbooks, etc.; introduction to the portfolio idea: an enquiry into practice – a practitioner research project; establishing the themes of the year – reflecting on practice, noticing, hearing the story – reflecting – informing one's interventions, etc., discovering self as practitioner

2. **The therapeutic contract in practice**
   Consolidation of module one, reflection on different types of contracts and their relevance; context

3. **Ethics in practice I**
   Assessment and diagnosis – how to assess risk and one's own competence; the use of CORE in supervision; noticing and hearing the story, leading to diagnosis using TA; the importance of the early protocol; child development

4. **Ethics in Practice II**
   The DSM IV – how is it useful?; liaison with other practitioners; carrying out a meaningful diagnosis

5. **Diversity in practice**
   Recognising, acknowledging and respecting differences and their implications, while staying in relationship

6. **Time-conscious practice**
   Working with an end in view; developing a map; negotiating versus limit; implications for planning treatment

7. **Treatment directions and considerations**
   Research – how to do it, read it, use it, allow one's work to be guided by it, question it, etc.

8. **Developing insight in practice I**
   'decontamination' and strengthening the Adult ego state and ego state boundaries with cognitive use of core concepts of TA – structural analysis, transactional analysis and game analysis. The patterns of the therapist and of the client. Clues to client issues – how can the therapist think about them and what can she/he do?

9. **Developing insight in practice II**

'decontamination' and strengthening the Adult ego state and ego state boundaries using core concepts of TA – racket and script analysis. The therapist's script and the client's script.

10. Portfolio presentations, assessment by self, peer and staff.

Developed by the TA tutor team at Metanoia Institute

2.3CHANGE OF PROGRAMME: LETTER TO MIDDLESEX UNIVERSITY

13 North Common Road
Ealing, London W5 2QB
Telephone 020 8579 2505
Facsimile 020 8566 4349
www.metanoia.ac.uk

18th January 2005

Alan Rowan and Bernard Burgoyne
Middlesex Link Tutors
Middlesex University
Ponders End
Enfield
Middlesex

Dear Alan and Bernard,

I wrote to you in February last year about our proposed changes to the Transactional Analysis Courses. I am writing now to begin formal negotiations about making alterations to our module stock in relation to the MSc in TA Psychotherapy and the BA in TA Counselling.

These new developments have arisen from two events.

1. ***The revalidation meeting we had for the BA (Hons) in TA Counselling in 2003.***

Our course and its staff were highly commended as you know. However, the validation team made two recommendations: the first was that our students be invited more strongly to develop a 'research' attitude, to critique theory and so on; the second, and from our point of view very exciting, recommendation was that we look into changing our methods of assessment. The validation team suggested that we could develop far more creative and 'practice-orientated' methods of assessment that did not need to rely on essay-writing, which inevitably favours the academically gifted but does not necessarily lead to excellence in practice.

2. ***The completion by one of our TA staff – Biljana van Rijn of her doctoral research into counselling and psychotherapy training.***

You may know of this work as Biljana is completing the doctorate through Metanoia in collaboration with Middlesex's School of Lifelong Learning. Basically, Biljana investigated within this country and also internationally, what are considered to be the essential features of a good Foundation training in the psychological therapies. The results of this have been very exciting. They suggest that in fact the Foundation Year of the TAC follows in many respects an 'ideal' first year. With some very small additions to the syllabus (for example developing the attitude of critique that the validation team remarked upon; introducing research understanding) it would seem to be a great start to training. (Initial results from the CORE evaluation of practitioners support this finding). Biljana's other discovery confirmed her belief in the importance of the carefully monitored placement – that practice of skills with clients,

Registered in England at the above address No. 2918520
Registered Charity No. 1050175

when carefully supervised and *combined* with relevant teaching input is a key element in the effective training of practitioners. As part of her doctorate she developed an 'internship' model for more tightly combining practice skills and supervision with the teaching units. Professor Derek Portwood was very interested in her project and suggested that it had wider application and would be important both in the development of the profession and in delivering a better service to the community. Biljana is, in addition to being a tutor on the course, the Head of Metanoia's Counselling and Psychotherapy Services – a low cost clinic providing therapy for the surrounding areas and the opportunity for placements for our students. It is formally monitored by the CORE outcome research project, which we are developing organisationally as a key part of the feedback loop about the effectiveness of training. Biljana is therefore well placed to implement her ideas and the Metanoia Management Committee have authorised her to develop a pilot.

The result of this is that the TA Department is going to be the place where the internship scheme is piloted. We have also redesigned our course input material slightly in order to incorporate her other research findings. This does not have substantial effect on the TA Counselling Foundation Year course as it stands. Other than to re-order some of the input and incorporate the suggestions of the validation team, the year will remain substantially the same. There are some changes to the psychotherapy Foundation Year, but as this is not part of the MSc, it does not require ratification by the university.

The second year of both trainings (MSc Year 1 and BA Year 2) will change somewhat more and I envisage that I will need to write to the University Academic Board to request some alterations or additions to the module stock. This is where we are piloting the 'Internship' scheme. The fundamental elements in terms of content of the course and practice requirements will be the same. The content is being re-organised so it is arranged around a series of practice oriented topics such as assessment, diagnosis, treatment considerations, ethical practice and the skills and techniques of increasing insight.

We plan also to offer creative options for assessment in this year – in the form of a portfolio assessment. The portfolio will include some material that is the same as before (theoretical discussion and supervised practice reports) but will also involve ongoing comment on the individual's development. We will be working closely with the students about this. The requirements for practice and training hours will be the same. However there will be additional supervision hours and a much tighter liaison between Practice Manager (Biljana), supervisor, student and primary tutor.

We started making changes to the Foundation Year in the academic year 2004-2005. However, none of the planned changes affected either course in relation to the University at this stage. The introduction of the internship scheme and other more substantial changes are planned for September 2005. Please let me know how I should take this forward in relation to the university. I would be delighted to meet and talk through the plans through with you (along with Biljana and Heather Fowlie, the new Counselling Course Leader). Perhaps we could arrange this for a day when you are at Metanoia anyway for a Program Board or Assessment Board. Please also let

me know who else I should be informing and to whom (and when) I should eventually send details of proposed Internship year

You can easily contact me by e-mail on charlotte@csills.fsnet.co.uk.

With best wishes,

Charlotte Sills
Head of Transactional Analysis Department

c.c. Nicola Johnson, Administration Manager.
Heather Fowlie (Co-ordinator fot eh TA Counselling Course)

APPENDIX 3: PROCESS OF THE ENQUIRY

3.1 FIRST DISCUSSION GROUP – GENERIC FOUNDATION YEAR PROPOSAL

Overall aim of the year

The overall aim of this year would be to develop a basic therapeutic attitude and skills, students' interpersonal skills and self-reflection. The generic foundation year would implement the idea of "sowing the seeds" – it would develop basic skills and attitudes, which would then be taught with increasing complexity in further, approach-specific training.

- **Psychotherapy skills**

Psychotherapy skills were the first to be identified by the enquiry, with general agreement. They were grouped in six categories:

1. Assessment skills

- Ability to develop a rapport with a client
- Ability to assess clients' psychological mindedness and suitability for psychotherapy
- Ability to use the CORE System in assessment
- Ability to make focused trial interventions in assessment to build a picture of the clients' psychological makeup, awareness and levels of distress.

2. Basic counselling skills

- Active listening and reflectiveness
- Phenomenological inquiry
- Ability to help clients to be aware of repetitive patterns and hidden meanings

- Ability to use personal responses in the therapeutic encounter.

3. Skills in developing a working alliance/helping relationship with clients

- Ability to contain distress and 'stuckness'
- Ability to manage silence and excessive talking
- Ability to attune and deal with empathic failure
- Ability to balance support and confrontation
- Ability to agree goals of therapy and create a shared treatment direction with a client
- Awareness of ways of shaping and structuring a session
- Body awareness.

4. Development of a research/evaluative attitude to one's own work and interventions

Ability to reflect on the impact of interventions and adapt them appropriately

Ability to use the CORE System

5. Awareness of the element of time in therapy and ability to facilitate endings

This was seen as a basic skill leading to developing an ability to work within a brief therapy framework

6. Ability to think ethically – this skill was seen in very broad terms as developing an understanding of the basic ethical concepts

- **Personal awareness**

This is a complex area that would underpin the whole of the training year. Personal awareness would be developed through the group process, small group work and personal psychotherapy. Students would also be encouraged to develop awareness of themselves in relation to different processes of change contained within different theories in order to choose the orientation that would be most suitable for them. In terms of training, the aim of personal development would be to develop the ability to hold the dialectic tension

between containment and uncertainty in the therapeutic process. Students would also be required to develop the ability to hold the tension between the personal and professional, both in training and the therapeutic process. Specific areas identified were:

- Awareness of the impact of self in practice, including the cultural self
- Ability to relate to others, give and receive feedback and be respectful
- Ability to take emotional risks and share with others
- Ability to self reflect.

- **Theoretical and general knowledge**

The group had a discussion about the nature of teaching theory. It was seen to be important to teach the principles of the process of change contained in different theories, as well as to teach theory based on common factors research into the effectiveness of psychotherapy. Specific subjects included:

- Understanding the nature of theory, differences between abstract and experience-based theories and understanding theories in historical contexts. Understanding of the narrative rather than the absolute nature of theory
- Developmental theory
- Introductory theory about transference – an inter-subject perspective, seeing transference as both a repetitive pattern and a desire for a different experience
- Understanding of the theory of repetitive patterns of behaviour and the nature of the personal process of change
- Understanding of professional support and ways of accessing it – supervision, research, theory.

- **Attitudes**

The generic foundation year would aim to develop the following attitudes:

- Research attitude to practice
- Respect for the wider context of therapy
- Knowledge and respect of personal and cultural differences
- Respect for different professional approaches to psychotherapy as well as the ability to be appropriately critical.

- **Student Assessment**

The discussion focused on two different aspects of student assessment:

1. Assessment at course intake
2. Assessment at the end of the year.

1. Assessment at course intake

In addition to academic and experiential entry requirements, the assessment would look for:

- Basic ability for self reflection
- Basic ability to respond to others both in individual and group settings
- Basic ability to respond to feedback
- Some evidence of qualities of warmth and humour.

In addition, the assessor would screen applicants who showed difficulty in impulse control or other symptoms of severe personality disorders.

2. End of the year assessment

- Structured self/peer and tutor assessment – this will involve a formal process of individual goal setting and feedback
- Group participation – evidence of abilities for self reflection, giving and receiving feedback and the integration of feedback into practice

- Journal – would need to demonstrate the ability to reflect and to hold the balance between the personal and the professional
- Two essays – one would be a theoretical essay, the other would assess the ability to reflect on practice

  The theoretical essay would prepare students for undertaking an academic course and would contain evidence of their ability to use both research and theoretical and clinical resources.

  The second essay would involve recording of a practice session during training, including structured feedback. Students would be required to produce a reflection and summary of their work.

- **Teaching methods**
- Integrated group process at the beginning and the end of training days
- Combination of theoretical and experiential teaching. The experiential learning will involve the use of videos, pairs, small group work and 'fishbowls'.

- **Philosophical assumptions**

The generic foundation year training would focus on a therapeutic relationship as being central to psychotherapy.

Psychological theories in general were seen to be relevant to practice as well as narrative, and context-bound rather than absolute.

APPENDIX 3.2.1 – INTERVIEWS

FRAMEWORK FOR CONTENT ANALYSIS

Counselling Skills:	
Assessment	
Basic counselling skills	
Relationship building skills	
Research/Evaluative attitude to practice:	
Time awareness:	
Ethical awareness:	
Personal awareness:	
Awareness of self/self reflection	
Awareness of self in the group	
Ability to relate to others	
Ability to hold the tension between professional and personal	
Knowledge and respect of for personal and cultural differences	
Respect for different professional approaches to psychotherapy:	
Ability to be appropriately critical of different approaches to psychotherapy	
Theory/Knowledge:	
Theories in historical context	
Developmental theory	
Repetitive patterns of behaviour	
Professional support and ways of accessing it	
ASSESSMENT:	
METHOD:	
OTHER:	

3.2.2 CONTENT ANALYSISOF INDIVIDUAL INTERVIEWS

INTERVIEW 1 – Researcher

Counselling Skills:	
Assessment	Everybody looked for the same problems and symptoms but formulation depended on training
Basic counselling skills	Respect and safety for the client, containment
Relationship building skills	Therapeutic relationship from client's perspective, exploration of problems, listening, experience of being in the right place at the right time
Research/Evaluative attitude to practice:	
Time awareness:	
Ethical awareness:	Yes; stressed the importance of the fear of exposure, accreditation doesn't prove competence or offer safety; supervision as a subjective process
Personal awareness:	
Awareness of self/self reflection	Therapists often in denial of their own needs, sense of omnipotence; importance of therapist's psychological health
Awareness of self in the group	
Ability to relate to others	
Ability to hold the tension between professional and personal	
Knowledge of and respect for personal and cultural differences	
Respect for different professional approaches to psychotherapy:	
Ability to be appropriately critical of different approaches to psychotherapy	
Theory/Knowledge:	
Theories in historical context	
Developmental theory	
Repetitive patterns of behaviour	
Professional support and ways of accessing it	
ASSESSMENT:	Accreditation does not prove competence or provide safety; personal effectiveness fluctuates
METHOD:	
OTHER:	MAKES A STRONG GENERIC CASE

INTERVIEW 2 – Provider of psychological therapy services – psychodynamic orientation

Counselling Skills:	
Assessment	Yes, some diagnostic skills – risk, personality disorder vs. psychosis
Basic counselling skills	Empathy, reflection, active listening skills, contracting, building on strengths, Egan
Relationship building skills	Working alliance, ability to be proactive and respectful and balance the two
Research/Evaluative attitude to practice:	Yes, strong emphasis on this and issues of accountability
Time awareness:	Yes – ability to work within a time framework
Ethical awareness:	Yes, ability to say no and allow the same to the client; confidentiality; power issues, ability to think ethically
Personal awareness:	
Awareness of self/self reflection	Yes, importance of personal therapy from the outset
Awareness of self in the group	
Ability to relate to others	Yes, personal warmth, flexibility
Ability to hold the tension between professional and personal	Personal reflectiveness related to practice; ability to look at issues of success and recognise personal limits
Knowledge of and respect for personal and cultural differences	
Respect for different professional approaches to psychotherapy:	
Ability to be appropriately critical of different approaches to psychotherapy:	
Theory/Knowledge:	
Theories in historical context	Theory as a metaphor
Developmental theory	
Introductory transference	
Repetitive patterns of behaviour	
Professional support and ways of accessing it	
ASSESSMENT:	Importance of assessing practice during training
METHOD:	
OTHER:	Therapist's approach needs to be congruent with their personality;
	Therapists don't necessarily adhere to the orientation they are trained in

INTERVIEW 3 – Person Centred University-based practitioner

Counselling Skills:	
Assessment	Assessment of serious disturbance; ability to form a relationship; practitioner competency; DSM IV, referring on
Basic counselling skills	Listening, paraphrasing, contracting
Relationship building skills	Ability to engage, awareness of client's context
Research/Evaluative attitude to practice:	Reviews; maybe CORE; ability to reflect on practice; feedback on interventions
Time awareness	Yes
Ethical awareness	Yes
Personal awareness:	
Awareness of self/self reflection	Yes, awareness of personal motivation; commitment to personal therapy, awareness of core values
Awareness of self in the group	
Ability to relate to others	Yes; skills are not enough – trainees need to develop reflectiveness in the relationship
Ability to hold the tension between professional and personal	Yes, also related to working in organisations
Knowledge of and respect for personal and cultural differences	Yes
Respect for different professional approaches to psychotherapy	Yes
Ability to be appropriately critical of different approaches to psychotherapy	Yes
Theory/Knowledge:	
Theories in historical context	Yes; broad approaches, philosophical assumptions; how theories position themselves, narrative context-bound nature of theory
Developmental theory	Yes
Introductory transference	
Repetitive patterns of behaviour	
Professional support and ways of accessing it	
ASSESSMENT:	Audio tapes; essays, case studies; professional and personal understanding, self, peer and tutor assessment
TEACHING METHOD:	Experiential work coupled with study groups; teaching micro-skills; teaching about the relationship experientially
OTHER:	May be a stand alone year
	Individual learning styles

INTERVIEW 4 – Transactional Analysis practitioner based in a private institute

Counselling Skills:	
Assessment:	Basic pathology (TA based), diagnosis
Basic counselling skills:	Listening; reflection; observation
Relationship building skills:	Yes – interplay between self and the other person
Research/Evaluative attitude to practice:	Monitoring the effect of intervention
Time awareness:	Not prior to seeing clients
Ethical awareness	
Personal awareness:	
Awareness of self/self reflection:	Use of basic approach-based theory to gain self understan
Awareness of self in the group:	Yes
Ability to relate to others:	Yes, relating without passing on hamartic messages
Ability to hold the tension between professional and personal:	
Knowledge of and respect for personal and cultural differences:	
Respect for different professional approaches to psychotherapy:	
Ability to be appropriately critical of different approaches to psychotherapy:	
Theory/Knowledge:	
Theories in historical context:	Yes in relation to TA theory
Developmental theory	
Introductory Transference	
Repetitive patterns of behaviour	
Professional support and ways of accessing it	
ASSESSMENT:	Supervisor has a role in assessing competency
METHOD:	Experiential, observation and feedback
OTHER:	Theory – theoretical framework giving enough ability to intervene cognitively Foundation could be a stand alone year

INTERVIEW 5 – Integrative Practitioner based in a private institute

Counselling Skills:	
Assessment	Yes, basic, no diagnosis; assessment of internal and social functioning
Basic counselling skills	Yes: listening; observation; bodily phenomenology; feedback; awareness of countertransference, balancing support with challenge
Relationship building skills	Yes
Research/Evaluative attitude to practice	Supervision, but no formal evaluation, evaluation in relationship
Time awareness	
Ethical awareness	Boundaries, confidentiality, contracting, time-keeping, room
Personal awareness:	
Awareness of self/self reflection	Yes, stress on weekly psychotherapy, development of critical self-awareness
Awareness of self in the group	Yes
Ability to relate to others	Yes. Very strong emphasis on relationships in training and clinical work
Ability to hold the tension between professional and personal	No
Knowledge of and respect for personal and cultural differences	Yes
Respect for different professional approaches to psychotherapy	Yes
Ability to be appropriately critical of different approaches to psychotherapy	Yes
Theory/Knowledge:	
Theories in historical context	Added philosophical context, philosophy of change
Developmental theory	Not at foundation level, but in the 2nd year
Introductory transference	No
Repetitive patterns of behaviour	Yes – patterns in the way people function internally and socially
Professional support and ways of accessing it	
ASSESSMENT:	Importance of feedback between training and supervision
METHOD:	Structured exercises throughout the year, groupwork
OTHER:	Added a theoretical awareness of one's own being in the world (overlap between personal and theoretical)

INTERVIEW 6 – Psychoanalytic practitioner based at NHS-funded Institute

Counselling Skills:	
Assessment	Yes; boundaries, time frames, diagnostic skills, psychiatric disorders
Basic counselling skills	Yes
Relationship building skills	Yes
Research/Evaluative attitude to practice	Yes, but important to be aware that it can have a detrimental effect on the level of involvement
Time awareness:	Yes
Ethical awareness:	
Personal awareness:	
Awareness of self/self reflection	Yes. Development of personal qualities to the point of being able to make contact with a client; Awareness of the internal world, ability to reflect on it and how it colours our external world, ability to think and feel at the same time, capacity to think, capacity to use own responses
Awareness of self in the group	Yes
Ability to relate to others	Yes, capacity for empathy, ability to separate emotionally from another person
Ability to hold the tension between professional and personal	
Knowledge of and respect for personal and cultural differences	Yes
Respect for different professional approaches to psychotherapy	
Ability to be appropriately critical of different approaches to psychotherapy	
Theory/Knowledge:	
Theories in historical context	Validity of theory in relation to clinical practice
Developmental theory	
Introductory transference	Yes, particularly psychoanalytic skill
Repetitive patterns of behaviour	
Professional support and ways of accessing it	
ASSESSMENT:	
METHOD:	Shouldn't overload with theory, importance of supervision
OTHER:	Reservations about the generic model

INTERVIEW 7 – Cognitive Analytic Practitioner based in the NHS

Counselling Skills:	
Assessment	Determined by the model, assessment of risk and competency, clinical diagnosis
Basic counselling skills	Gestalt experiment, phenomenological awareness, ability to see clients within their own context
Relationship building skills	Ability to attend to others as well as oneself
Research/Evaluative attitude to practice	
Time awareness:	
Ethical awareness:	
Personal awareness:	
Awareness of self/self reflection	Self reflection, reflection of action, reflection on theory
Awareness of self in the group	
Ability to relate to others	
Ability to hold the tension between professional and personal	
Knowledge of and respect for personal and cultural differences	
Respect for different professional approaches to psychotherapy	
Ability to be appropriately critical of different approaches to psychotherapy	
Theory/Knowledge:	
Theories in historical context	
Developmental theory	
Introductory transference	
Repetitive patterns of behaviour	
Professional support and ways of accessing it	
ASSESSMENT:	An ongoing process related to social accountability, detailed supervisors report
METHOD:	Experimental, using video and process recall
OTHER:	Stresses the importance of intelligence

INTERVIEW 8 – Cognitive behavioural practitioner based in the NHS

Counselling Skills:	
Assessment	Conceptualisation and understanding of the nature of the problem; simple formulation and problem definition, assessment needs to be theory based
Basic counselling skills	Listening reflection, being able to ask questions sensitively
Relationship building skills	Being able to establish a relationship
Research/Evaluative attitude to practice	Yes
Time awareness	Yes
Ethical awareness	Yes, importance of knowing the bottom line
Personal awareness:	
Awareness of self/self reflection	Yes, through therapy or co-counselling
Awareness of self in the group	
Ability to relate to others	Yes
Ability to hold the tension between professional and personal	
Knowledge of and respect for personal and cultural differences	Yes
Respect for different professional approaches to psychotherapy	Yes
Ability to be appropriately critical of different approaches to psychotherapy	
Theory/Knowledge:	
Theories in historical context	Yes
Developmental theory	Yes, including moral development
Introductory transference	
Repetitive patterns of behaviour	
Professional support and ways of accessing it	
ASSESSMENT:	
METHOD:	A balance between information giving and teaching on one hand with experiential exercises and reflection on the other
OTHER:	

INTERVIEW 9 – Integrative Practitioner based at University

Counselling Skills:	
Assessment	
Basic counselling skills	Pre-skills training – becoming an effective learner; Egan
Relationship building skills	Yes
Research/Evaluative attitude to practice	
Time awareness	
Ethical awareness	Not until the 2nd year
Personal awareness:	
Awareness of self/self reflection	Yes, finding one's own voice, taking responsibility for learning
Ability to relate to others	Yes
Awareness of self in the group	Yes
Ability to hold the tension between professional and personal	
Knowledge of and respect for personal and cultural differences	
Respect for different professional approaches to psychotherapy	
Ability to be appropriately critical of different approaches to psychotherapy	
Theory/Knowledge:	
Theories in historical context	All theories are context bound and relative
Developmental theory	
Introductory transference	
Repetitive patterns of behaviour	
ASSESSMENT:	Ability to learn from experience; Level of reflexivity
	Journal
METHOD:	Through critical reflection and personal experience. Tutor has a role in helping to make theoretical connections
	Difference between destinational and explorer learning
	Balancing providing security with taking risks, dealing with a sense of abandonment
	Differences in the gender-related styles of learning
OTHER:	No difference between counselling and psychotherapy at this level

3.2.3 SUMMARY CONTENT ANALYSIS :

The table below presents a summary, which combines this framework of categories based with an overview of the interviews.

I have used abbreviations in the table to refer to the training approaches:

- TA for Transactional Analysis
- Integ. For Integrative
- CAT for Cognitive Analytic
- CBT for Cognitive Behavioural

I have marked with "yes" categories interviewees specifically referred to and with "no" categories interviewees disagreed with in the generic foundation year. I have left unmarked categories they did not refer to at all.

CONTENT ANALYSIS:	**INT. 1 Researcher**	**INT. 2 Psychody-namic**	**INT. 3 Person Centred**	**INT. 4 TA**	**INT. 5 Integ.**	**INT. 6 Psycho analytic**	**INT. 7 CAT**	**INT 8 CBT**	**INT. 9 Integ.**
COUNSELLING SKILLS: Assessment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Basic counselling skills	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Relationship building skills	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes
Research/Evaluative Attitude To Practice:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
TIME AWARENESS:		Yes	Yes	No	Yes	Yes		Yes	
ETHICAL AWARENESS:	Yes	Yes	Yes		Yes		Yes	Yes	No
PERSONAL AWARENESS: Awareness of self/self reflection	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Awareness of self in the group				Yes	Yes	Yes			Yes
Ability to relate to others		Yes	Yes	Yes	Yes	Yes		Yes	
Ability to hold the tension between professional and personal		Yes	Yes		No				
Knowledge of and respect for personal and cultural differences			Yes		Yes	Yes		Yes	
ATTITUDES: ***Respect for different professional approaches to psychotherapy***			Yes		Yes				
Ability to be appropriately critical of different approaches to psychotherapy									
THEORY/KNOWLEDGE: **Theories in historical context**		Yes	Yes	Yes	Yes		Yes		
Developmental theory			Yes		No	Yes		Yes	Yes
Introductory transference					No	Yes			
Repetitive patterns of behaviour					Yes				
Professional support and ways of accessing it									
ASSESSMENT:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
METHODS OF TEACHING			Yes	Yes	Yes	Yes	Yes	Yes	Yes

APPENDIX 3.3 QUESTIONNAIRES

3.3.1QUESTIONNAIRE SAMPLE

Dear student,

I am conducting a research on behalf of Metanoia Institute into generic skills needed by trainee psychotherapists and counsellors at time they are starting to practice.
The list below has been collated through discussions and interviews with tutors from different approaches and institutes.
I would like to ask you to think about the time when you were starting your first placement and assess their relevance for you at this time.
Your responses are confidential and the questionnaire will be used to further develop current training.
Thank you for your participation
Biljana van Rijn

YOUR COURSE AND TRAINING YEAR: _____

4 very relevant
3 relevant
2mildly relevant
1 not relevant at all
0 don't know

ASSESSMENT SKILLS:					
1.Developing a rapport with a client	0	1	2	3	4
2.Ability to assess clients' suitability for therapy and one's own competency	0	1	2	3	4
3.Ability to assess client's internal and social functioning	0	1	2	3	4
4.Ability to formulate the presenting problem	0	1	2	3	4
5.Awareness of major psychiatric disorders	0	1	2	3	4
COUNSELLING SKILLS:					
6.Listening skills	0	1	2	3	4
7.Phenomenological inquiry	0	1	2	3	4
8.Ability to help clients be aware of repetitive patterns and hidden meanings	0	1	2	3	4

9.Ability to see clients within their own context (cultural, family etc)	0	1	2	3	4
10.Ability to build on clients' strengths	0	1	2	3	4
11.Ability to balance being proactive with being respectful	0	1	2	3	4
12.Ability to ask questions sensitively	0	1	2	3	4
13.Ability to develop a working alliance/ helping relationship with clients	0	1	2	3	4
14.Ability to work with time limits	0	1	2	3	4
15.Ability to make agreements with clients	0	1	2	3	4
EVALUATIVE ATTITUDE TO PRACTICE:					
16.Being able to recognise the impact of interventions and reflect on the process	0	1	2	3	4
17.Ability to evaluate the effectiveness of treatment	0	1	2	3	4
ETHICAL AWARENESS:					
18.Understanding of boundaries in counselling	0	1	2	3	4
19.Awareness of power issues in counselling	0	1	2	3	4
THEORY:					
20.Understanding of theories in their historical and philosophical context	0	1	2	3	4
21.Understanding of the repetitive patterns of behaviour and the nature of personal change	0	1	2	3	4
22.A thorough understanding of one theoretical approach	0	1	2	3	4
PERSONAL AWARENESS:					
23.Awareness of personal process and issues	0	1	2	3	4
24.Ability to reflect on the process of treatment	0	1	2	3	4
GENERAL:					
25. Understanding of professional support (such as supervision, research, reading etc) and ways of accessing it	0	1	2	3	4
ANYTHING ELSE YOU WISH TO ADD					

3.3.2 SUMMARY STATISTICAL ANALYSIS

Numbers:	Valid	55
	Missing	0

COURSE:

	Frequency	Percent	Valid Percent	Cumulative Percent
Gestalt psychotherapy	14	25.5	25.5	25.5
Integrative psychotherapy	1	1.8	1.8	27.3
Person centred counselling	22	40.0	40.0	67.3
Transactional analysis psychotherapy	18	32.7	32.7	100.0
TOTAL:	55	100.0	100.0	

COURSE	Rating Categories:		Frequency	Percent	Valid Percent	Cumulative Percent
Gestalt Psychotherapy	not relevant at all	1.00	13	3.7	3.7	3.7
	mildly relevant	2.00	59	17.0	17.0	20.7
	relevant	3.00	91	26.1	26.1	46.8
	very relevant	4.00	185	53.2	53.2	100.0
		Total	348	100.0	100.0	
Integrative psychotherapy	mildly relevant	2.00	4	16.0	16.0	16.0
	relevant	3.00	9	36.0	36.0	52.0
	very relevant	4.00	12	48.0	48.0	100.0
		Total	25	100.0	100.0	
Person centred counselling	don't know	.00	9	1.7	1.7	1.7
	not relevant at all	1.00	29	5.4	5.4	7.1
	mildly relevant	2.00	91	17.1	17.1	24.2
	relevant	3.00	126	23.6	23.6	47.8
	very relevant	4.00	278	52.2	52.2	100.0
		Total	533	100.0	100.0	
Transactional Analysis Psychotherapy	don't know	.00	5	1.1	1.1	1.1
	not relevant at all	1.00	15	3.4	3.4	4.5
	mildly relevant	2.00	70	15.7	15.7	20.1
	relevant	3.00	170	38.0	38.0	58.2
	very relevant	4.00	187	41.8	41.8	100.0
		Total	447	100.0	100.0	

No.	Questions:	Don't know: .00	Not relevant at all: 1.00	Mildly relevant:: 2.00	Relevant : 3.00	Very relevant 4.00	Total
1.	Developing a rapport with a client			2	9	44	55
2.	Ability to assess client's suitability for therapy and one's own competency	1	6	8	9	31	55
3.	Ability to assess client's internal and social functioning	1	3	17	22	12	55
4.	Ability to formulate the presenting problem		4	10	25	16	53
5.	Awareness of major psychiatric disorders	0	3	12	15	21	55
6.	Listening skills				4	51	55
7.	Phenomenological enquiry	1	1	10	16	27	55
8.	Ability to help clients be aware of repetitive patterns and hidden meanings		5	19	16	15	55
9.	Ability to see clients within their own context	1	1	7	15	31	55
10.	Ability to build on client's strengths		2	15	18	20	51
11.	Ability to balance being proactive with being respectful	1	4	7	24	15	54
12.	Ability to ask questions sensitively		1	6	9	38	54
13.	Ability to develop a working alliance/ helping relationship with clients			4	8	42	54
14	Ability to work with time limits	1	1	5	15	32	52
15.	Ability to make agreements with clients	1		8	19	24	54
16.	Being able to recognize the impact of interventions and reflect on the process		1	7	18	28	54
17.	Ability to evaluate the effectiveness of treatment	3	6	15	15	15	54
18.	Understanding of boundaries in counselling			2	9	43	54
19.	Awareness of power issues in counselling			11	19	24	54
20.	Understanding of theories in their historical and philosophical context	1	8	25	14	6	54
21.	Understanding of the repetitive patterns of behaviour and the nature of personal change		2	16	28	8	54
22.	A thorough understanding of one theoretical approach	1	6	9	19	19	54
23.	Awareness of personal process and issues		1		19	34	54
24.	Ability to reflect on the process of treatment		2	7	22	23	54
25.	Understanding of professional support and ways of accessing it			2	9	43	55
	Total	12	57	224	396	662	1353

3.3.2 STATISTICAL ANALYSIS OF INDIVIDUAL QUESTIONS

Statistics

COURSE

N	Valid	55
	Missing	0

COURSE

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	GESTAL	14	25.5	25.5	25.5
	INTEG.	1	1.8	1.8	27.3
	P/C	22	40.0	40.0	67.3
	TAP	18	32.7	32.7	100.0
	Total	55	100.0	100.0	

Assessment skills (questions 1–5)

1. *Developing a rapport with clients*

Overall, it would seem that at this time in their training students value the ability to develop a rapport with clients more highly than any other more specific assessment skill. The variation between schools appears very minimal for this skill.

Q1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	2	3.6	3.6	3.6
	3.00	9	16.4	16.4	20.0
	4.00	44	80.0	80.0	100.0
	Total	55	100.0	100.0	

COURSE * Q1

Coun

		Q1			
		2.00	3.00	4.00	Total
COURS	GESTAL	1	2	11	14
	INTEG. T			1	1
	P/C		3	19	22
	TAP	1	4	13	18
Total		2	9	44	55

2. *Ability to assess clients' suitability for therapy and one's own competency* Although the majority of students see this skill as relevant (72.8%), 10.9% of students see it as "not relevant at all" and a further 14.5% see it as "mildly relevant". There is no great difference of view between the approaches.

Q2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	1	1.8	1.8	1.8
	1.00	6	10.9	10.9	12.7
	2.00	8	14.5	14.5	27.3
	3.00	9	16.4	16.4	43.6
	4.00	31	56.4	56.4	100.0
	Total	55	100.0	100.0	

COURSE * Q2

Coun

		Q2					
		.00	1.00	2.00	3.00	4.00	Total
COURS	GESTAL		1		4	9	14
	INTEG.			1			1
	P/C		2	6	2	12	22
	TAP	1	3	1	3	10	18
Total		1	6	8	9	31	55

3. *Ability to assess clients' internal and social functioning* – is seen as only "mildly relevant" or "not relevant at all" by 38.2% with more p/c students in this category. A mild approach-specific difference is probably related to the perceived value of assessment in person centred theory. Only 21.8% of all students see it as "very relevant" and 45.5% rate it as "relevant".

Q3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	1	1.8	1.8	1.8
	1.00	3	5.5	5.5	7.3
	2.00	17	30.9	30.9	38.2
	3.00	22	40.0	40.0	78.2
	4.00	12	21.8	21.8	100.0
	Total	55	100.0	100.0	

COURSE * Q3

Coun

		Q3					
		.00	1.00	2.00	3.00	4.00	Total
COURS	GESTAL			3	7	4	14
	INTEG.				1		1
	P/C	1	2	9	4	6	22
	TAP		1	5	10	2	18
Total		1	3	17	22	12	55

4. *Ability to formulate the presenting problem* – is seen as "mildly relevant" or "not relevant at all" by 25.5%. Again, only 29.1% of students rate it as "very relevant" with no apparent

approach-specific differences. I have included this category in the questionnaire based particularly on the interviews with the cognitive behavioural practitioner (Interview 8) and the provider of psychological therapy services (Interview 2). The skill may be more complex and appropriate for the later stages of training.

Q4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	4	7.3	7.3	7.3
	2.00	10	18.2	18.2	25.5
	3.00	25	45.5	45.5	70.9
	4.00	16	29.1	29.1	100.0
	Total	55	100.0	100.0	

COURSE * Q4

Coun

		Q4				
		1.00	2.00	3.00	4.00	Total
COURS	GESTAL	1	1	5	7	14
	INTEG.			1		1
	P/C	3	5	8	6	22
	TAP		4	11	3	18
Total		4	10	25	16	55

5. *Awareness of major psychiatric disorders* – 5.7% see it as "not relevant at all". However, opinion is split about the degree of relevance of this skill (mildly relevant 22.6%; relevant 28.3%; very relevant 39.6%). Although this skill is seen as relevant by 90.5% of the respondents, the differences may mean that students rely on supervisors and assessors within placements for help in -diagnosing clients.

Q5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	2	3.6	3.8	3.8
	1.00	3	5.5	5.7	9.4
	2.00	12	21.8	22.6	32.1
	3.00	15	27.3	28.3	60.4
	4.00	21	38.2	39.6	100.0
	Total	53	96.4	100.0	
Missing	System	2	3.6		
Total		55	100.0		

COURSE * Q5

Coun

		Q5					
		.00	1.00	2.00	3.00	4.00	Total
COURS	GESTAL			3	3	8	14
	INTEG.			1			1
	P/C	1	2	6	4	9	22
	TAP	1	1	2	8	4	16
Total		2	3	12	15	21	53

Counselling Skills (questions 6–15)

6. *Listening skills* – Listening skills were amongst the most highly valued for this group of students. All saw them as "relevant" or "very relevant", with no noticeable difference between the orientations or levels of training.

Q6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3.00	4	7.3	7.3	7.3
	4.00	51	92.7	92.7	100.0
	Total	55	100.0	100.0	

COURSE * Q6

Coun

		Q6		
		3.00	4.00	Total
COURS	GESTAL	1	13	14
	INTEG.		1	1
	P/C	1	21	22
	TAP	2	16	18
Total		4	51	55

7. *Phenomenological enquiry* is seen as relevant by the majority (78.2%), although there is some disagreement as to the degree of relevance. Phenomenological enquiry is one of the core gestalt concepts and it is surprising that even in this group two students saw it as only "mildly relevant". The higher number of person centred students who categorise it as only "mildly relevant" are likely to be approach-specific.

Q7

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	1	1.8	1.8	1.8
	1.00	1	1.8	1.8	3.6
	2.00	10	18.2	18.2	21.8
	3.00	16	29.1	29.1	50.9
	4.00	27	49.1	49.1	100.0
	Total	55	100.0	100.0	

COURSE * Q7

Coun

		Q7					
		.00	1.00	2.00	3.00	4.00	Total
COURS	GESTAL			2	5	7	14
	INTEG.				1		1
	P/C	1		5	3	13	22
	TAP		1	3	7	7	18
Total		1	1	10	16	27	55

8. *Ability to help clients be aware of repetitive patterns and hidden meanings* – is seen as "relevant" by 29.1%. The majority are from the gestalt and transactional analysis

psychotherapy groups. This skill is seen as "very relevant" by 27.3%, again split between the psychotherapy schools. Of those who see it as only "mildly relevant" or "not relevant" (43.6%), the majority are person centred counselling students. This could indicate a difference between counselling and psychotherapy training rather than an approach-specific difference.

Q8

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	5	9.1	9.1	9.1
	2.00	19	34.5	34.5	43.6
	3.00	16	29.1	29.1	72.7
	4.00	15	27.3	27.3	100.0
	Total	55	100.0	100.0	

COURSE * Q8

Coun

		Q8				
		1.00	2.00	3.00	4.00	Total
COURS	GESTAL		4	5	5	14
	INTEG.				1	1
	P/C	5	12	2	3	22
	TAP		3	9	6	18
Total		5	19	16	15	55

9. *Ability to see clients within their own context (cultural, family, etc.)* is seen as relevant or very relevant by 83.7% of the students – relatively evenly spread across the approaches.

Q9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	1	1.8	1.8	1.8
	1.00	1	1.8	1.8	3.6
	2.00	7	12.7	12.7	16.4
	3.00	15	27.3	27.3	43.6
	4.00	31	56.4	56.4	100.0
	Total	55	100.0	100.0	

COURSE * Q9

Coun

		Q9					
		.00	1.00	2.00	3.00	4.00	Total
COURS	GESTAL			3	3	8	14
	INTEG.				1		1
	P/C	1		1	6	14	22
	TAP		1	3	5	9	18
Total		1	1	7	15	31	55

10. *Ability to build on clients' strengths* – is seen as having various degrees of relevance – (27.3% see it as having a "mild relevance" with 32.7% seeing it as "relevant" and 36.4% as "very relevant". It would seem that there were more people from a person centred counselling background who saw it as mildly relevant or not relevant, although this was not exclusive. I wondered whether their response was related to the concept of non-directiveness in the person centred approach, which students might have seen as being in contrast to the implication in the question of counsellor's proactivity.

Q10

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	2	3.6	3.6	3.6
	2.00	15	27.3	27.3	30.9
	3.00	18	32.7	32.7	63.6
	4.00	20	36.4	36.4	100.0
	Total	55	100.0	100.0	

COURSE * Q10

Coun

		Q10				
		1.00	2.00	3.00	4.00	Total
COURS	GESTAL		4	3	7	14
	INTEG.		1			1
	P/C	2	7	6	7	22
	TAP		3	9	6	18
Total		2	15	18	20	55

11. *Ability to balance being proactive with being respectful* – Although there are 76.5 % of students who see this skill as "relevant" or "very relevant", the answers seem to be strongly approach-related. The majority of students who saw it as "mildly relevant" or "not relevant" were from a person centred counselling background, whose approach does not encourage being proactive. In addition, some students wrote comments on the margins of this question, some disagreeing with the concept of being proactive at all, some suggesting that being proactive and being respectful were not mutually exclusive.

Q11

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	1	1.8	2.0	2.0
	1.00	4	7.3	7.8	9.8
	2.00	7	12.7	13.7	23.5
	3.00	24	43.6	47.1	70.6
	4.00	15	27.3	29.4	100.0
	Total	51	92.7	100.0	
Missing	System	4	7.3		
Total		55	100.0		

COURSE * Q11

Coun

		Q11					Total
		.00	1.00	2.00	3.00	4.00	
COURS	GESTAL		1	1	4	6	12
	INTEG.				1		1
	P/C	1	2	5	6	6	20
	TAP		1	1	13	3	18
Total		1	4	7	24	15	51

12. *Ability to ask questions sensitively* – The majority of students (86.7%) saw this as a "relevant" (16.7%)or a "very relevant skill" (70.4%). Those who saw it as "mildly relevant" or "not relevant at all" were spread between the schools. Slightly more students in the "not relevant" camp were from the person centred approach; more in transactional analysis psychotherapy answered "very relevant". This reflects the attitude to questions in the two different approaches.

Q12

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	1.8	1.9	1.9
	2.00	6	10.9	11.1	13.0
	3.00	9	16.4	16.7	29.6
	4.00	38	69.1	70.4	100.0
	Total	54	98.2	100.0	
Missing	System	1	1.8		
Total		55	100.0		

COURSE * Q12

Coun

		Q12				Total
		1.00	2.00	3.00	4.00	
COURS	GESTAL	1	2	1	10	14
	INTEG.				1	1
	P/C		3	5	13	21
	TAP		1	3	14	18
Total		1	6	9	38	54

13 *Ability to develop a working alliance/helping relationship with clients* – this is, again, a highly-valued skill with 92.6% of students categorising it as "relevant" or "very relevant". The very small number of students (7.4%) who saw it as "mildly relevant" are spread equally across the departments.

Q13

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	4	7.3	7.4	7.4
	3.00	8	14.5	14.8	22.2
	4.00	42	76.4	77.8	100.0
	Total	54	98.2	100.0	
Missing	System	1	1.8		
Total		55	100.0		

COURSE * Q13

Coun

		Q13			Total
		2.00	3.00	4.00	
COURS	GESTAL	2	2	10	14
	INTEG.			1	1
	P/C	1	3	17	21
	TAP	1	3	14	18
Total		4	8	42	54

14. *Ability to work within the time limits* – 87.1% of students see this as "relevant" (27%) or "very relevant" (59.3%). Person centred counselling students form the majority of those who saw it as "very relevant". This could reflect a difference between counselling and psychotherapy, as counsellors are more often in the position of having to provide short-term counselling. It could also reflect a particular need for this specific area of training in an approach that doesn't rely on technique.

Q14

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	1	1.8	1.9	1.9
	1.00	1	1.8	1.9	3.7
	2.00	5	9.1	9.3	13.0
	3.00	15	27.3	27.8	40.7
	4.00	32	58.2	59.3	100.0
	Total	54	98.2	100.0	
Missing	System	1	1.8		
Total		55	100.0		

COURSE * Q14

Coun

		Q14					Total
		.00	1.00	2.00	3.00	4.00	
COURS	GESTAL		1	2	3	8	14
	INTEG.					1	1
	P/C	1		1	5	14	21
	TAP			2	7	9	18
Total		1	1	5	15	32	54

15. *Ability to make agreements with clients* – 82.7% of students sees this as "relevant"(36.5%) or "very relevant" (46.2%). The responses are roughly spread between the groups, interestingly with a majority from person centred counselling among those seeing this skill as very relevant. In an approach that does not encourage being proactive or asking direct questions, making agreements with clients may be a particularly challenging skill.

Q15

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	1	1.8	1.9	1.9
	2.00	8	14.5	15.4	17.3
	3.00	19	34.5	36.5	53.8
	4.00	24	43.6	46.2	100.0
	Total	52	94.5	100.0	
Missing	System	3	5.5		
Total		55	100.0		

COURSE * Q15

Coun

		Q15				Total
		.00	2.00	3.00	4.00	
COURS	GESTAL		2	6	6	14
	INTEG.				1	1
	P/C	1	2	7	10	20
	TAP		4	6	7	17
Total		1	8	19	24	52

Evaluative attitude to practice (questions 16–17)

16. *Being able to recognise the impact of interventions and reflect on the process*
This skill is seen as "relevant" (33.3%) or "very relevant" (51.9%) by 85% of the students but there may be some differences between schools. Person centred students were by far in the majority of students rating it as very relevant.

Q16

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	1.8	1.9	1.9
	2.00	7	12.7	13.0	14.8
	3.00	18	32.7	33.3	48.1
	4.00	28	50.9	51.9	100.0
	Total	54	98.2	100.0	
Missing	System	1	1.8		
Total		55	100.0		

COURSE * Q16

Coun

		Q16				
		1.00	2.00	3.00	4.00	Total
COURS	GESTAL		3	3	8	14
	INTEG.				1	1
	P/C	1		7	13	21
	TAP		4	8	6	18
Total		1	7	18	28	54

17. *Ability to evaluate effectiveness of treatment* – There is a lack of agreement about the level of relevance of this skill. The answers are spread across the schools. This may be related to the formulation of the question, which perhaps suggests external evaluation. It may also reflect the fears of failure and exposure students experience at this stage of training.

Q17

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	3	5.5	5.6	5.6
	1.00	6	10.9	11.1	16.7
	2.00	15	27.3	27.8	44.4
	3.00	15	27.3	27.8	72.2
	4.00	15	27.3	27.8	100.0
	Total	54	98.2	100.0	
Missing	System	1	1.8		
Total		55	100.0		

COURSE * Q17

Coun

		Q17					
		.00	1.00	2.00	3.00	4.00	Total
COURS	GESTAL		1	4	2	7	14
	INTEG.				1		1
	P/C	2	3	7	4	5	21
	TAP	1	2	4	8	3	18
Total		3	6	15	15	15	54

Ethical awareness (questions 18–19)

18. *Understanding of boundaries*
This is a skill highly rated as relevant. 79.6% of the students see it as "very relevant" and a further 16.7% as "relevant". There is a high level of consistency between the schools. Only 2.7% of students see this skill as only mildly relevant and they are from gestalt and person centred backgrounds.

Q18

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	2	3.6	3.7	3.7
	3.00	9	16.4	16.7	20.4
	4.00	43	78.2	79.6	100.0
	Total	54	98.2	100.0	
Missing	System	1	1.8		
Total		55	100.0		

COURSE * Q18

Coun

		Q18			Total
		2.00	3.00	4.00	
COURS	GESTAL	1	1	12	14
	INTEG.			1	1
	P/C	1	2	18	21
	TAP		6	12	18
Total		2	9	43	54

19 *Awareness of power issues in counselling* has considerably less agreement as to the degree of relevance (20% mildly relevant; 35.2% relevant; 44.4% very relevant). The results do not appear to be approach-specific. I hypothesised that this could be a more sophisticated skill acquired in the later stages of training.

Q19

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	11	20.0	20.4	20.4
	3.00	19	34.5	35.2	55.6
	4.00	24	43.6	44.4	100.0
	Total	54	98.2	100.0	
Missing	System	1	1.8		
Total		55	100.0		

COURSE * Q19

Coun

		Q19			Total
		2.00	3.00	4.00	
COURS	GESTAL	2	5	7	14
	INTEG.			1	1
	P/C	4	6	11	21
	TAP	5	8	5	18
Total		11	19	24	54

Theory (questions 20–22)

20. *Understanding of theories in their historical and philosophical contexts* is seen as only "mildly relevant" by a high number of respondents (46.3%). 37% see it as "relevant" or "very relevant" (only 11.1% as "very relevant"). The answers are roughly evenly spread, apart from people in the "very relevant" category, the majority of whom are person centred students and none of whom are gestalt. This contradicts the very high emphasis on this type of knowledge by the majority of the interviewees and the discussion group.

Q20

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	1	1.8	1.9	1.9
	1.00	8	14.5	14.8	16.7
	2.00	25	45.5	46.3	63.0
	3.00	14	25.5	25.9	88.9
	4.00	6	10.9	11.1	100.0
	Total	54	98.2	100.0	
Missing	System	1	1.8		
Total		55	100.0		

COURSE * Q20

Coun

		Q20					Total
		.00	1.00	2.00	3.00	4.00	
COURS	GESTAL		3	8	3		14
	INTEG.			1			1
	P/C		3	6	7	5	21
	TAP	1	2	10	4	1	18
Total		1	8	25	14	6	54

21. *Understanding of repetitive patterns of behaviour and the nature of personal change* – Few students see this as "very relevant" (14.8%), although 51.9% see it as "relevant "and 29.6% see it as "mildly relevant". These answers do not appear to be approach-specific.

However, 3.7% of students who do not see this as relevant at all are person centred, which is arguably mildly approach-related. This result again contradicts the views of the discussion group.

Q21

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	2	3.6	3.7	3.7
	2.00	16	29.1	29.6	33.3
	3.00	28	50.9	51.9	85.2
	4.00	8	14.5	14.8	100.0
	Total	54	98.2	100.0	
Missing	System	1	1.8		
Total		55	100.0		

COURSE * Q21

Coun

		Q21				
		1.00	2.00	3.00	4.00	Total
COURS	GESTAL		5	6	3	14
	INTEG.			1		1
	P/C	2	5	11	3	21
	TAP		6	10	2	18
Total		2	16	28	8	54

22. *A thorough understanding of one theoretical approach* – There are, overall, equal numbers of students who see this as "very relevant" or "relevant" – 35.2% each, 70.4% in total. However the "very relevant" group is highly dominated by the person centred students, showing again that the answers are either approach-specific or point to a difference between counselling and psychotherapy. Person centred theory does not focus on the development of techniques, but uses theory to develop a way of being used in the counselling process, which may explain its relative importance for the students.

Q22

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	1	1.8	1.9	1.9
	1.00	6	10.9	11.1	13.0
	2.00	9	16.4	16.7	29.6
	3.00	19	34.5	35.2	64.8
	4.00	19	34.5	35.2	100.0
	Total	54	98.2	100.0	
Missing	System	1	1.8		
Total		55	100.0		

COURSE * Q22

Coun

		Q22					Total
		.00	1.00	2.00	3.00	4.00	
COURS	GESTAL		4	2	4	4	14
	INTEG.				1		1
	P/C			4	7	10	21
	TAP	1	2	3	7	5	18
Total		1	6	9	19	19	54

Personal awareness (questions 23–24)

23. *Awareness of personal process and issues* is seen as very relevant (63%)or relevant (35.2%) by 98.2 %. The answers are highly consistent between the approaches, which highlight the high degree of importance given to personal development at this level of training.

Q23

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	1.8	1.9	1.9
	3.00	19	34.5	35.2	37.0
	4.00	34	61.8	63.0	100.0
	Total	54	98.2	100.0	
Missing	System	1	1.8		
Total		55	100.0		

COURSE * Q23

Coun

		Q23			Total
		1.00	3.00	4.00	
COURS	GESTAL		7	7	14
	INTEG.			1	1
	P/C	1	6	14	21
	TAP		6	12	18
Total		1	19	34	54

24. *Ability to reflect on the process of treatment* – Again seen as "relevant" (40.7%) or "highly relevant" (42.6%) by 83.3%. There is some evidence that the answers are somewhat approach-specific, with more person centred students rating it as very relevant; amongst those who rate it as mildly relevant (13%), the majority are transactional analysis psychotherapy students. As a TA trainer, I find this somewhat surprising, as transactional analysis psychotherapy stresses the use of agreements and reviews of treatment.

Q24

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	2	3.6	3.7	3.7
	2.00	7	12.7	13.0	16.7
	3.00	22	40.0	40.7	57.4
	4.00	23	41.8	42.6	100.0
	Total	54	98.2	100.0	
Missing	System	1	1.8		
Total		55	100.0		

COURSE * Q24

Coun

		Q24				
		1.00	2.00	3.00	4.00	Total
COURS	GESTAL		2	4	8	14
	INTEG				1	1
	P/C	1	1	9	10	21
	TAP	1	4	9	4	18
Total		2	7	22	23	54

25. *Understanding of professional support (such as supervision, research, reading, etc.) and ways of accessing it* – This is seen as a highly important area .It is rated as "very relevant" by 79.6% and as "relevant" by a further 16.7% (altogether 96.3%) The answers do not appear to be approach-specific

Q25

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	2	3.6	3.7	3.7
	3.00	9	16.4	16.7	20.4
	4.00	43	78.2	79.6	100.0
	Total	54	98.2	100.0	
Missing	System	1	1.8		
Total		55	100.0		

COURSE * Q25

Coun

		Q25			
		2.00	3.00	4.00	Total
COURS	GESTAL	2	2	10	14
	INTEG.		1		1
	P/C		2	19	21
	TAP		4	14	18
Total		2	9	43	54

APPENDIX 4: ETHICAL ISSUES

4.1 INTERVIEW INVITATIONS

Interview invitation letter

Dear _____,

I am the manager of clinical services at Metanoia Institute and a member of the Management Committee at Metanoia. I am currently conducting a doctoral research into developing a generic foundation year in psychotherapy and an internship-based second year of training. I envisage that this basic training could then lead to an approach-specific further training.

_____ has suggested that you were the person most centrally involved in training in _____ and has given me your email address. I would like to ask if you would be willing to agree to a research interview about generic psychotherapy skills at the foundation level of training. The interview would take approximately an hour and would be audio recorded.

My rationale for this research is in part due to external factors, such as the move towards statutory registration and evidence-based practice, and I would like to conduct this research in collaboration with other training institutes and university-based programmes so that it could benefit the wider field of psychotherapy training in the UK.

The research involves interviews with senior members of different psychotherapy institutes teaching different approaches to psychotherapy. All the participants will have access to results of the inquiry and will be acknowledged in any dissemination of the results.
I have enclosed a brief outline of the research for your information.

My direct telephone line is w01243 537 138; h 01243 532 033 and my email is BiljanaH@metanoia.ac.uk

I would very much appreciate your involvement and look forward to hearing from you.

Yours Sincerely

Biljana Harling

RESEARCH OUTLINE

The first part of the research will focus on discussing generic psychotherapy skills needed at the foundation level of training, and ways of teaching and assessing them. The outcome of interviews will be used initially to widen the research and gain feedback from other involved groups (students, tutors and supervisors). If the research demonstrates an agreement about the generic skills required at this level, the results would be used to produce a training outline for this year.

This will lead to the second part of the project, which aims to research the development of a second year of training based on internship - a structured practice-based year giving an experience of, and teaching the development of, the principles of evidence-based practice.

The research involved in this part of the project will follow the same process of discussion, interviews and dissemination and will lead to the development of a teaching structure that could be used widely by training institutes.

4.2 PERMISSION TO USE TRANSCRIPTS

Dear _____,

I have enclosed the transcript of the interview you did for me on _____ (Generic Foundation year in psychotherapy training). I am sorry it took so long to do the transcripts.
I am sending it to you to see if there are any changes or additions you would like to make and if it is still OK to use it for the final write-up.
I would also appreciate it if you could give me a few biographical sentences for inclusion in the final document and the credits list.

I very much appreciate your contribution.

With many thanks

Biljana van Rijn

4.3 MANAGEMENT COMMITTEE: CHANGE OF FOCUS INFORMATION

BACKGROUND OF THE ENQUIRY

Research into the generic foundation year in psychotherapy and internship was initiated at the strategic management meeting in August 2002. I was asked to undertake the enquiry within my doctoral research because of my role in the organisation and interest in the subject.
The research aimed to enquire into the possibility of developing a generic foundation year for the organisation and an internship. The internship aimed to bring placement practice into core of training in the second year and to develop a framework to address issues of coordination between clinical practice, training and placements.
Both were intended to be generic.

RESEARCH PROCESS

The methodology I used for the enquiry was based on action research. In the generic foundation year, this involved discussion groups (HoD's and foundation year tutors), external interviews and questionnaires given to Metanoia students. The internship enquiry consisted of a desk research and interviews. The research enquiry was finalised in September 2003.

OUTCOMES

The enquiry resulted in two training proposals. They were presented to the management team and discussed and this led to the development of the pilot in the TA department.

THE CHANGE OF FOCUS

It became apparent early on in the enquiry that there was a lot of agreement about generic elements of the foundation year, and that this followed the results of the outcome research in psychotherapy. This started to raise a different question about the systemic factors that could be inhibiting the development of a generic foundation year in the professional field.
This process was reflected in the enquiry, particularly within the organisational framework at the Metanoia Institute. The initial discussion group, which aimed to identify generic concepts and structures, was very different in process terms from all the discussions that followed. I reflected on this and hypothesised that the process of change challenged aspects of organisational culture. This was particularly interesting for me as the researcher because these discussions reflected organisational, cultural and professional issues, which emerged as essential in the development of the foundation year.
This widened the focus of the enquiry and I used the process and the themes that emerged from it to reflect on wider professional themes such as:

- Structure and funding of psychotherapy training in the UK
- Issues of allegiance to the therapeutic approach and aspects of professional culture related to it
- Differences between counselling and psychotherapy

This meant that the final product of the enquiry is an organisational case study. It contains a reflection on the process of organisational learning and change through the frameworks of action research and internal consultancy and offers a reflection on the role

of clinical practice in psychotherapy training and its potential function in the generic debate.

CONFIDENTIALITY ISSUES

In view of the change of focus, I wanted to clarify how I dealt with issues of confidentiality within the organisation:

- I have kept all names confidential
- To protect individual and departmental confidentiality, I have not referred to full titles in transcripts of discussions. I have kept all references to individual departments confidential. The only exception is the pilot project, in which names the TA department and gives names of contributors to the new development in the Appendix. I have checked this out with Charlotte and the tutors involved.
- Transcripts of the discussion groups are all available in the Appendix of the project. However, I have kept the transcripts of the management discussions regarding feasibility and implementation confidential and have only referred to themes and decisions which resulted from them

I have used the name of Metanoia Institute as the setting of the enquiry and have named the organisation as the main collaborator in it. This was agreed initially, but I wanted to check it again because of the shift in emphasis in the final project.

APPENDIX 5: SPECIALIST SEMINARS

SPECIALIST SEMINARS ATTENDED

Between 2001 and 2003 I have attended 8 seminars:

1. 19/1/01 JOHN McLEOD – Developing Critical Reflexivity in Research

2. 25/5/01 – DAVID RENNIE – Closing the Gap between Research and Practice

3. 2/7/01 SUE WHEELER – Sugar and Spice and all Things Nice, What are Psychotherapists Made of?

4. 12/11/02 – KIM ETHERINGTON – Writing Qualitative Research – A Gathering of Selves

5. 30/5/02 – DAVID SHAPIRO – Using Psychotherapy Research to Strengthen Practice

6. 27/3/03 – AL MAHRER _ How to Come up with Creative New Ideas in the Field of Psychotherapy: Why do Researchers do Research on Psychotherapy

7. 1/5/03 MICHAEL JACOBS _ Illusion and Disillusion in Writing

8. 23/10/03 MARVIN GOLDFRIED – Bridging the Gap between Research and Practice

I primarily chose these specialist seminars to gain more in-depth understanding of the various approaches and areas of research in the field of psychotherapy. They offered an opportunity to reflect on my own enquiry in the light of the different approaches presented. Insights from them have been integrated throughout the enquiry and referred to specifically. In this section, I will give an overview of how I used them and how they impacted on my thinking.

I attended the specialist seminars over the period of three years and they related to particular needs I had at different stages of my enquiry.

The first three seminars I attended were prior to my Learning Agreement and they helped me to choose my methodology.

John McLeod's seminar introduced a concept of critical reflexivity used in qualitative research, which resembled aspects of clinical reflection in the supervision process. At this time, I had difficulty in understanding how this very individual approach had a relevance as a research method, although I could see its importance in clinical practice.

However, I then found that I was beginning to widen and develop my understanding of the research process. David Rennie's specialist seminar brought me back to the philosophical basis of research. This directed my reading in the history of epistemology and hermeneutics in philosophy. I began to understand the role of more in-depth, personal analysis of the researcher's subjectivity. I was particularly influenced in this by Kim Etherington's specialist seminar, where I recognised the level of rigorous thought, attention to ethical issues, the scope and the boundaries of this type of research, particularly in the area of researching clinical practice. This led me to reflect on and recognise some inadequacies in the process of training and in the assessment of clinical practice, which did not involve any feedback from clients, but only a presentation and interpretation from a clinician, assessed by other clinicians. This realisation had a significant impact, evident throughout my enquiry.

However, in choosing my own research methodology, I needed to consider the research method that would most suit my aims. I was not researching the detail of the clinical process, but had aims involving the wider organisational and training field. I attended Sue Wheeler's and David Shapiro's specialist seminars in order to gain more insight into different styles of research.

Sue Wheeler's specialist seminar focused on the process of training and I used it to reflect critically on the elements of the training process. In this seminar, I particularly engaged with thinking about how the role of the group process in training provides an arena for an area of personal development important for psychotherapists and counsellors. This was reflected in my proposal for the generic foundation year in psychotherapy.

I used David Shapiro's specialist seminar to engage in reflection on my own philosophy of research. In doing so, I recognised that, while I have included the area of individual subjectivity

used consciously as essential to research into psychological therapy, I have also retained an understanding of research as an area of investigation and exploration of issues that used relevant methods (as agreed by the current state of the field), was public and transferable, and provided outcomes that were open to scrutiny and could be repeated by others in the field. This understanding is reflected in the design and process of the enquiry I have conducted.

I have attended the final three specialist seminars during the process of analysis and presentations of the findings of my enquiry. They again offered opportunities to reflect on my research.
Al Mahrer offered a critique on the lack of areas of generally accepted knowledge in the psychotherapeutic field, as well as types of research that didn't offer any new insights, as they weren't lead by a quest for discovery. In his view, they did not constitute legitimate research. I was interested in this concept. I believe that the discovery of new fields of knowledge is a part of the overall research in the field. However, I thought that his view did not encourage the development of clinically useful research outcomes, as he did not seem to accept evaluative research as legitimate.
Michael Jacobs' specialist seminar offered an insight into the process of writing research. I was interested in how the process of writing on one hand consolidated and clarified the views of the writer and, on the other, how the public nature of writing presented a personal and professional picture of the writer, which became frozen in time and might gradually stop reflecting the individual who wrote it. For me, this reflected my understanding of research, which, once disseminated, belongs more to the professional field than to the individual researcher.
Marvin Goldfried's writing in the areas of psychotherapy research and integration has been an inspiration for me throughout this enquiry. His seminar offered an opportunity to reflect again on the areas of the interplay between research and clinical practice and to reflect on the development of both. More specifically, I began to understand my own psychological process regarding the dissemination of my enquiry and to think of strategies to address it.